

**Meeting of the Council of Governors  
Wednesday 28 May 2021 at 14:15 – 16:00  
Microsoft Teams Meeting**

**Vision: Working to Improve Lives**

**13:30 – CEO Briefing**

**PART ONE MEETING – HELD IN PUBLIC**

**AGENDA**

<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>	SS	Verbal	Noting	14:15
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>	SS	Verbal	Noting	14:18
<b>3</b>	<b>MINUTES OF THE MEETING (PART 1) HELD ON 18 February 2021</b>	SS	Attached	Approval	14:21
<b>4</b>	<b>ACTION LOG AND MATTERS ARISING</b>	SS	Attached	Noting	14:24
<b>Staff Survey / Bullying &amp; Harassment Debbie Prentice</b>					<b>14:27</b>
<b>5</b>	<b>TRUST UPDATES</b>				
<b>(a)</b>	Report from the Chair	SS	Attached	Noting	14:37
<b>(b)</b>	CEO Report	PS	Attached	Noting	14:40
<b>(c)</b>	Annual Assurance Reports from the Chairs of the Board of Directors Standing Committees				
	Charitable Funds	RH	Attached	Noting	14:45
<b>(d)</b>	Code of Governance for FT's Review 2020/21	JD	Attached	Approval	14:50
<b>(e)</b>	Workforce Developments	SL	Verbal	Noting	14:53
<b>(f)</b>	A Communication Strategy to Drive Change	SL / MD	Attached	Noting	14:58
<b>7</b>	<b>STRATEGIC ITEMS</b>				
<b>(a)</b>	Trust Strategic Direction	PS	Verbal	Noting	15:03
<b>(b)</b>	Co-Production	JD	Verbal	Noting	15:08
<b>(c)</b>	New Partnership Ventures to Transform Care	PS	Verbal	Discussion	15:11
<b>(d)</b>	Council of Governors Future Strategic Focus	JD	Attached	Noting	15:16
<b>8</b>	<b>COUNCIL OF GOVERNORS BUSINESS ITEMS</b>				
<b>(a)</b>	NHSE/I Self-Certification Requirements 2020-21	JD	Attached	Noting	15:19
<b>(b)</b>	CoG Training & Development Self-Assessment	PG	Attached	Approval	15:22
<b>(c)</b>	Changes to the Council of Governors and membership of its Committees	CJ	Attached	Noting	15:25

(d)	Membership / Your Voice	TB	Attached	Noting	15:28
(e)	Governors Observing on Standing Committees	CJ	Attached	Noting	15:31
<b>9</b>	<b>OTHER REPORTS</b>				
(a)	Governors Skills and Experiences <ul style="list-style-type: none"> <li>• John Jones</li> </ul>		Verbal	Noting	15:34
(b)	Quality Visits / Virtual Visit	CJ	Attached	Noting	15:40
(c)	Lead and Deputy Lead Governor Update	JJ / PE	Attached	Noting	15:43
(d)	NHS Providers Governor Advisory Committee (GAC)	JJ	Attached	Noting	15:46
<b>10</b>	<b>ANY OTHER BUSINESS</b>				
<b>11</b>	<b>QUESTION &amp; ANSWER SESSION FROM MEMBERS OF THE PUBLIC</b>				<b>15:49</b>
<b>12</b>	<b>RESOLUTION</b> Members of the public are excluded from Part 2 Council of Governors meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed				
<b>13</b>	<b>DATE AND TIME OF NEXT MEETING</b> 7 October 2021, 16:00 – 18:00				
<b>14</b>	<b>DATES OF FUTURE MEETINGS</b> 8 December 2021				

**Professor Sheila Salmon**  
Chair

**Minutes of the Council of Governors Meeting Held in Public  
On Friday 18 February 2021  
Microsoft Teams**

**Attendees:**

Prof Sheila Salmon (SSa)	Chair of the Trust (Chair of the meeting)
Brian Arney (BA)	Public Governor West Essex & Hertfordshire
Lara Brooks (LBr)	Staff Governor Non-Clinical
Cllr. Laurie Burton (LBu)	Appointed Governor Southend-on-Sea Borough Council
Peter Cheng (PC)	Public Governor North East Essex & Suffolk
Dianne Collins (DC)	Public Governor Essex Mid & South
Mark Dale (MDa)	Public Governor Essex Mid & South
Cllr. Mark Durham (MDu)	Appointed Governor Essex County Council
Pippa Ecclestone (PE)	Public Governor West Essex & Hertfordshire
Pam Madison (PM)	Public Governor Essex Mid & South
Paula Grayson (PG)	Public Governor Bedfordshire, Luton & Milton Keynes & ROE
John Jones (JJ)	Public Governor Bedfordshire, Luton & Milton Keynes & ROE
Nosi Murefu (NM)	Staff Governor Clinical
Ian Plunkett (IP)	Public Governor Essex Mid & South
Tracy Reed (TR)	Staff Governor Clinical
Elizabeth Rotherham (ER)	Public Governor Essex Mid & South
Stuart Scrivener (SSc)	Public Governor Essex Mid & South
Kate Shilling (KS)	Public Governor West Essex & Hertfordshire
Cllr. Sue Shinnick (SSh)	Appointed Governor Thurrock Council
David Short (DS)	Public Governor North East Essex & Suffolk
Michael Waller (MWa)	Public Governor West Essex & Hertfordshire
Paul Walker (PW)	Staff Governor Non-Clinical
Dr. Matt Webster (MWe)	Appointed Governor, Anglia Ruskin University
Judith Woolley (JW)	Public Governor Essex Mid & South

**In attendance:**

Alison Davis (AD)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Rufus Helm (RH)	Non-Executive Director
Dr. Mateen Jiwani (MJ)	Non-Executive Director
Alison Rose-Quirie (ARQ)	Non-Executive Director
Amanda Sherlock (AS)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director
Alex Green (AG)	Executive Chief Operations Officer
Natalie Hammond (NH)	Executive Nurse
Dr. Milind Karale (MK)	Executive Medical Director
Sean Leahy (SL)	Executive Director of People & Culture
Paul Scott (PS)	Chief Executive Officer
James Day (JD)	Interim Trust Secretary
Tina Bixby (TB)	Assistant Trust Secretary
Chris Jennings (CJ)	Assistant Trust Secretary
Scott Waple (SW)	Member of the Public

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**001/21 APOLOGIES FOR ABSENCE**

Jean Juniper  
Nigel Leonard  
Trevor Smith

Public Governor West Essex & Hertfordshire  
Executive Director of Strategy & Transformation  
Executive Chief Finance Officer

SSa welcomed everyone to the Council of Governors and reminded Committee members of the etiquette of virtual meetings regarding remaining on mute and using the “raise hand” symbol when wishing to speak. SSa also asked members to add their names to the chat box to aid tracking of attendees and to also enter into the chat box if leaving the meeting at any point. This will help the Trust Secretary’s Office track attendance and maintaining a quorum during the meeting.

**002/21 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**003/21 MINUTES OF THE MEETING (PART 1) HELD ON 2 DECEMBER 2020**

The minutes of the meeting held on the 2 December 2020 were agreed as an accurate record.

**004/21 ACTION LOG AND MATTERS ARISING**

The action log for the meeting held on the 2 December 2020 was reviewed. SSa noted that one action remained open relating to reviewing statistics of wait times for the NHS 111 Option 2 service to see if there were any emerging themes. SSa asked if there was an update for this action. AG advised that Adam Whiting was currently taking this action forward and would advise the Council once this has been completed.

SSa noted that another open action related to ensuring a Freedom to Speak-Up Guardian update is brought to the Council of Governors and was pleased to note that this was on the agenda for today’s meeting.

JJ noted that the action relating to the decline in PLACE scores relating to disability access between 2018 and 2019 had been closed following a response which noted that the question would be added to the environmental audits to ensure it is monitored. JJ asked whether this action could remain on the action log to ensure it is fully followed-up and completed. SSa agreed for this action to remain open for continued monitoring.

**PRESENTATION: Efficiency & Future Plans (including Cost Improvement Programme’s (CIPs))**

ML delivered a presentation regarding Efficient and Future Plans with a focus on Cost Improvement Programme’s (CIPs) in the Trust. He advised that the presentation would focus on how the Trust intended to do things differently to ensure CIP targets were met going forward.

ML advised that he had spoken about CIPs with Governors and PG had suggested he give a quick re-cap to explain what was meant by CIPs. ML advised that there was a national expectation that all NHS providers should deliver year-on-year efficiency savings. The idea

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was that these savings should be deliverable by an efficient trust on an annual basis. The efficiency savings equate to a cost reduction in base expenditure, but most trusts rely on fortuitous income or technical income and vacancies or one-off reductions in expenditure to help balance budgets. However, ML advised that this approach is more about cost avoidance rather than efficiency savings. Cost income is something that is in the mix and there were good examples from the Medical Directorate in terms of generating income, but it was hard to forecast the sustainability of the income.

ML advised that there a different between recurrent and non-recurrent savings. Recurrent were permanent savings in base expenditure, whereas non-recurrent is cost avoidance where a saving is made for one-year only. The issue for EPUT had been being able to identify recurrent savings as opposed to non-recurrent cost avoidance.

ML advised that any CIP proposed is quality impact assessed, which is completed by the Executive Nurse and Executive Medical Director. They evaluate if there is any risk to patients experience and / or care as a result and if such a risk is identified, action is either taken to mitigate or the CIP is rejected.

ML advised that historically there was a national expectation to make a cost saving of 2-3% per year. The Trust had been setting a target of 3.5% annually and ML felt this was just about achievable, with anything higher unlikely to be deliverable. ML advised that in 2018/19 the Trust had a target of £11.6m in cost savings, but was only able to achieve £8.7m which produced a gap of 2.8m which is rolled over into the following years target. In 2019/20 the Trust had achieved savings of £6m which left a gap of £5.1m.

ML advised that the year 2020/21 had been impacted by Covid-19 and the protective financial regime that had ensued, including Covid-19 savings being underwritten by the Department of Health & Social Care. However, a number of CIP programmes had to be put on hold, so the Trust is likely to have a deficit of £7.3m to carry over into the new financial year. ML advised that he had held discussion with Trevor Smith in terms of how the system could be made more efficient, including how quality could transform efficiency savings, new ways of working, strategic procurement and lessons from Covid-19 (such as working from home).

ML advised that there is now the challenge of working across Integrated Care Systems (ICS) and are now more reliant on partner colleagues, which will soon be endorsed by legislation This should encourage partnership working, reduce competition (which is often an expensive process), better demand management and integration with primary care to deliver services locally. There are also different transformation projects, including electronic prescribing, digitalisation and digital working and other major systemic efficiency savings, such as looking at our assets.

ML advised that the Trust would have to complete budget resets to better align actual expenditure with the budgets that are allocated. The budget setting was how the Trust met its control target in the past, but underspending in areas such as vacancies and some clinical services. However, some re-alignment is necessary.

ML advised that we cannot overlook the pressures on growth and the delivering of improved patient care which creates unavoidable cost pressures. This included the implementation of the Safety Strategy and gave an example of Oxehealth, which may drive cost savings in the future, but there is an initial cost in implementing the system. There are also liabilities relating to the HSE prosecution and internal inquiry which are unavoidable. There is also no

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surprise that clinical negligence payments continue to rise which again is unavoidable cost pressures.

ML summarised the future strategy as taking a longer term view of efficiency. Previous experience has been a year-on-year top-slicing of budgets on an equal basis across directorates. There is a need to look at 3-5 year plans to drive efficiency. There is a need to look at patients, staff and monies as an integrated whole, not trying to play one off against the other. There is a need to align actual expenditure and the Finance department are working with budget line managers to see how much things actually cost when setting the budgets. There is also transformation, modernisation and partnership working to consider. All of this is not going to happen overnight and will take around 2-3 years of solid management to deliver good growth and management. There will be a need to deal with the consequences of the Covid-19 pandemic once this is over, but there is a commitment from the Board to take forward these new ways of working.

ML invited questions from the Council.

PE noted that the presentation mentioned future plans in terms of collaboration and partnership working. However, there were anticipated changes as a result of the NHS white paper. PE asked how the Trust is able to develop a long-term plan when the goalposts are changing all the time.

ML advised that these changes are very much part of the NHS and it is usual for it to reorganise substantially on a regular basis. ML advised that members of the Board were used to working in this environment and are aware of the risk generated by STP footprint changes in terms of how this changes the way services are delivered. However, the Trust has good relationships with partners across Hertfordshire and Essex. Change is ever-present and the organisation needs to be agile enough to align and plan to ensure the organisation can respond to the changing world. SSa agreed that it is important to be agile and well-connected. The Board needs to be fully engaged and have open dialogues with partners.

JJ queried how the quality impact assessments are measured given there is a certain level of subjectivity. ML advised that the quality impact assessment was a professional assessment completed by key senior clinicians. The senior clinicians make the judgement and this is then taken to the Executive Team to consider the findings. This is then taken to the Finance & Performance Committee to monitor the quality impact assessments. So, whilst it is true the assessments are subjective, the judgements are based on experience and receive lots of moderation. MK clarified that the assessments are completed using a set of criteria.

JJ noted that on Page 4 of the presentation, the target set for mental health services was not achieved by some distance, which is similar to some other targets in other years. JJ said this suggested the target set at the beginning was meaningless and did ML have any comment on this. ML advised that achieving CIPs year-on-year has been difficult and it is particularly challenging in front line areas, especially relating to the demands and pressures in mental health services. ML gave an example of the Medical directorate where the majority of the budget consists of doctors, and it is difficult to make savings in this area whilst avoiding creating risk. This is why the previous approach of applying a single percentage across all directorates was not working and therefore there was a move towards different methods as outlined in the presentation.

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MK advised that there is usually the challenge between recurrent and non-recurrent. For example, for some inpatient wards there is only one consultant and you cannot lose this individual from the service. However, you can create some income from this individual, but it is not on a recurrent basis.

KB commented on the reorganisation of the NHS through the white paper and whether this would affect mental health services and the Trust future plan. ML advised this would be a good topic for a future joint session. There is analysis being undertaken to see how the changes would impact the Trust. SSa advised that we had already seen a surge in demand and agreed it was useful to engage with the Governors.

SSa thanked ML for the informative presentation. She commented that it was a difficult subject, but there was a commitment from the Board to approach it from a different angle going forward.

**005/21 OUTCOME OF THE COG AGENDA TASK AND FINISH GROUP**

JD provided a verbal update on the outcome of the CoG Agenda Task and Finish Group which had been established to consider reducing the amount of governance and paperwork for the Council to allow room for more strategic discussions. JD advised that the agenda for today's meeting was the outcome of this group and it showed the desire to become less data dense and instead working through strategic discussions.

JD advised that the agenda for today's meeting was a pilot, with the CEO briefings and other sessions with Governors ensuring that all relevant items are covered. JD advised this is the first in what could be an evolving agenda.

**The Council of Governors received and noted the verbal update.**

**006/21 REPORT FROM THE CHAIR**

SSa presented a report as circulated providing an update from the Chair of the Trust in support of Governors holding Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide understanding of the work of the Non-Executive Directors.

SSa highlighted that the report confirmed the appointment of Dr. Mateen Jiwani as a Non-Executive Director and she was delighted to have him join the organisation, having commenced in post on the 18 January 2021. SSa commented that MJ was new to the Trust but was already having a good impact.

MJ introduced himself to the Council and said it was a pleasure to join the meeting. MJ advised that he was based around Essex and lived and breathed the area, which was important to understand the patient journey. MJ advised that there was lots of change coming and there was a whole new agenda for the NHS going forward. MJ advised that everyone had been very welcoming and was looking forward to talking and working with people. SSa welcomed MJ to the Council of Governors.

**The Council of Governors received and noted the report.**

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## 007/21 CEO REPORT

PS presented a report as circulated providing a summary of key activities and information to be shared with the Council of Governors. PS advised that he had had good conversations with the Council prior to the meeting in his CEO briefing. PS advised that the Trust was currently working on multiple fronts and was grateful to the work and efforts of staff.

CJ advised that he had received questions in advance from Jean Juniper who asked these to be read on her behalf. These had been provided to PS and AG in advance to provide a response.

*Page 3 of the report refers to discharging patients faster with support from Community Teams including rehabilitation and therapy in patients own home. Is there data around numbers of patients who were discharged in this manner? Data for the type of support given? Data for increased pressure on the Community Teams and their ability to cope? What measurement of success criteria was made? Did any safety issues arise from this approach? Finally, do we have any feedback on how patients and their families / carers felt about this approach?*

AG advised that it was not a simple answer to the queries raised as there were lots of different services and organisations involved for the safe and prompt discharge of patients. However, the Trust does monitor the average length of stay for patients in Community Health Service (CHS) wards which are acting as Covid-19 wards. AG gave an example that Plane Ward at St. Margaret's Community Hospital had seen a 34.6% reduction in length of stay whilst having intensive community support from both Trust services and volunteers.

AG advised there was a pressure on teams and the Trust had been able to do what was asked nationally in terms of re-purposing teams during the pandemic. This meant prioritising certain services and stepping-down less urgent services, such as MSK physiotherapy, with the therapists re-deployed to wards to help support discharge. The Trust monitored the safety of services through the Datix incident system and quality reports. AG was happy to report that there had been no safety issues reported due to earlier discharge, however, it should be noted that a number of discharges related to acute partners so it was difficult to truly determine.

AG advised that the changes made had been something that had been desired for years as over lengths of stay can cause future problems. The focus is to provide services that would be provided in hospital, but that can be better provided at home.

CJ advised that there was a second question from Jean Juniper. SSa suggested that due to time constraints the question is read into the minutes and a full written answer is provided following the meeting.

*Page 5 of the report, under Operational Performance it highlights, along with others, the following - (a) increased levels of demand; (b) bed capacity; (c) out of area placements. Aggregating the risks for these 3 overlapping areas could lead to safety being compromised. Are any actions being taken to avert potential issues arising? Also, as NHS services nationally are under pressure, the fact that patients can be accommodated in other areas suggests there is a need for additional capacity within EPUT. Is that assumption correct and should the risk rating(s) in these areas be aggregated and revised upwards?*

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AG agreed to provide a written response to the above query.

PE noted that the report referred to the completion of Cultural Awareness training for senior managers and suggested receiving feedback in future reports in how people who have completed the course have been able to apply the learning and did they learn anything they did not know before. SSa agreed feedback could be provided in future reports.

PE raised a query not mentioned in the report relating to the refurbishment of Topaz Ward at The Crystal Centre. PE asked whether the ward would continue to be commissioned following the pandemic given the need for extra beds. PS advised that there are no firm commissioning plans for the ward at present. The job of the organisation is to express clearly to the system what it expects the demand to be and what is therefore needed, however, this point has not yet been reached.

MDa noted on Page 7 there was information about staff engagement and equality. MDa wanted it noted the excellent and thorough work that had been undertaken in relation to this over the last few months, including wobble rooms, LGBTQ+ awareness sessions and staff getting vouchers. MDa felt that from his experience as a service user, staff that are cared for and treated fairly then give good quality care.

PG commented on staff completing records in terms of good progress being made and learning records are crucial. However, PG noted that in Wednesday Weekly yesterday there was another example of records not being completed as required by staff and asked whether there was any impetus around this.

PS advised that there was impetus around this and it had been split into two strands. The first strand was to support staff in completing records. Observations made by Executive Directors was that there were things that got in the way of staff completing records. The Trust is currently looking at a way comprehensive programme of work to remove these barriers and this will feed into the CIPs programme to potentially reduce the number of checks required. Secondly, the Trust has to make sure there is a recognition of how important record keeping is. PS advised that Trevor Smith was taking forward an accountability framework around this to understand why things are not done or what is being done well.

SSa thanked PS for the report and felt that the report had been well-read by Governors due to the number of good discussion points that had been raised.

**The Council of Governors received and noted the report.**

**Action:**

1. **Response to provided relating to the query “Page 5 of the report, under Operational Performance it highlights, along with others, the following - (a) increased levels of demand; (b) bed capacity; (c) out of area placements. Aggregating the risks for these 3 overlapping areas could lead to safety being compromised. Are any actions being taken to avert potential issues arising? Also, as NHS services nationally are under pressure, the fact that patients can be accommodated in other areas suggests there is a need for additional capacity within EPUT. Is that assumption correct and should the risk rating(s) in these areas be aggregated and revised upwards?” (AG)**

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**008/21 ANNUAL ASSURANCE REPORTS FROM THE CHAIRS OF THE BOARD OF DIRECTORS STANDING COMMITTEES**

**(i) Audit Committee**

JW presented a report as circulated as Chair of the Audit Committee highlighting the work and key issues reviewed by the Committee during 1 February 2020 to 31 January 2021.

JW advised that the annual accounts process had been very different this year due to the lockdown and acknowledged the work of the Accounts Team for getting the work completed and receiving a clean audit report.

JW advised that audits are happening remotely, but these are still being scrutinised well by the Committee and the table in the report shows the link to the Board Assurance Framework. JW advised there was two main strands to the Committee, safety which includes working with NH and the Safety Strategy. The second strand is linking with the CIPs and budget settings by looking at systems and processes that support these and will be a key part in ensuring these have been achieved, including linking with colleagues at other Committees.

SSa thanked JW for the excellent work of the Committee.

JJ noted that on Page 4, there is a reference to Cyber Security and one of the key recommendations is to have one Non-Executive Director that has sufficient experience in cyber security. JJ asked which NED was fulfilling this role. JW said that she fulfilled this role, but would not claim to be an expert. JW felt she was expert-by-experience as she had dealt with the ransomware cyber security breach when this had occurred. SSa confirmed that the Board of Directors as a whole had cyber security training. JJ was happy with this response.

PE noted the references in the report to Fire Safety and Ligature Safety audit assurance and said she was disappointed in the outcome. PE noted that the Trust previously did not have an individual with responsibility for fire safety and now this was in place, but the audit only received Moderate Assurance on design and effectiveness. PE also noted that the Ligature Audit had received substantial assurance in design, but only Moderate Assurance in Effectiveness which suggested there was a problem.

JW advised that the outcome of the Ligature Audit was due to there not being evidence of training and reporting. The auditors had made a number of recommendations which had been taken on board and an audit has been scheduled to be completed by the end of the year. JW advised that the outcome of the Fire Safety Audit related to having systems in place, but these had not yet been embedded and this would be revisited.

**The Council of Governors received and noted the report.**

**(ii) Finance & Performance Committee**

ML presented a report as circulated as Chair of the Finance & Performance Committee highlighting work and key issues reviewed by the Committee during 1 February 2020 to 31 January 2021.

ML advised that the report reinforced comments made by MDa during the presentation as workforce planning, wellbeing initiatives, staff surveys and the recruitment and retention

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strategy are within the remit of the Committee. ML advised that it had been an exceptionally effective year and the successful sourcing of staff and the redeployment of staff for the mass vaccination programme highlighted this. MD felt that staff had committed to being versatile and agile, with the wellbeing programme highlighted as exceptional.

SSa agreed that the response to the mass vaccination programme had been amazing and it was good to see how the Trust had stepped-up. This was a credit to the leadership within the organisation.

PE noted one of the issues highlighted in the report was the timeliness of data entry. PE queried whether this was effected by having two record keeping system in use within the Trust and if so, what plans were there to link these together. ML agreed to provide this query to Jan Leonard for a full response.

**The Council of Governors received and noted the report.**

**Action:**

- 1. Confirm whether performance issues relating to timeliness of data entries highlighted by the Finance & Performance Committee were related to the two record keeping systems used in the Trust. (ML / JL)**
- 2. Provide update on any plans to link record keeping systems together in the future. (ML / JL)**

**009/21 FREEDOM TO SPEAK-UP REPORT 2021**

SL presented a report as circulated providing an overview of the Freedom to Speak-Up Guardian Service in EPUT.

CJ advised that Jean Juniper had submitted a question for this item:

*Has any analysis of the breakdown of bullying and harassment figures been undertaken and if not should this be done? Do we know if they are related to performance issues / changes relating to transformation and culture or staff being pressured to undertake actions that they consider would compromise theirs / patients wellbeing / safety? Only around 32% of completed the questionnaire - is this indicative that staff feel unable to respond due to potential damage to their careers?*

SL confirmed there was lots of data available and would provide a response in writing to the query.

PE commented that she appreciated a presentation previously given by Yogeeta Mohur, Freedom to Speak-Up Principal Guardian and felt she was a very good communicator. PE noted that on Page 3 of the report the tables providing data on themes were measured across different time periods, therefore each table was not comparing like-for-like. SL agreed to feed this back.

MD noted that Section 2.2 of the report references that the training of local guardians has continued and asked whether there were any numbers of local guardians currently in place. PG noted that Page 1 of the report confirms there are 10 guardians. SL advised that the Trust would continue to recruit to the roles and a new campaign was due to be launched by

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the end of March 2021. SL commented that there would never be enough freedom to speak-up guardians.

**The Council of Governors received and noted the report.**

**Action:**

- 1. Has any analysis of the breakdown of bullying and harassment figures been undertaken and if not should this be done? Do we know if they are related to performance issues / changes relating to transformation and culture or staff being pressured to undertake actions that they consider would compromise theirs / patients wellbeing / safety? Only around 32% of completed the questionnaire - is this indicative that staff feel unable to respond due to potential damage to their careers? (SL)**

**010/21 PATIENT SAFETY STRATEGY UPDATE**

NH presented a report providing an update on the development of the Trust's Inpatient Safety Strategy and an overview of Governors feedback from a workshop in December 2020, including how this informed the version of the strategy that was agreed by Board in January 2021. NH advised that the strategy that was agreed at the Board of Directors was attached to the report for information.

NH advised that she had received a question from Jean Juniper in advance of the meeting:

*On page 7 of the document it lists under Culture, accountability and ownership. Crucial areas when transforming a service given that a long period of time is necessary to change culture. These areas are noticeably missing on page 9 under the Culture heading. Given their importance should this section be amended to include these critical elements? In addition, how are you currently improving / what actions are being put in place to ensure accountability and ownership are improving?*

NH acknowledged that culture is something that will take time, but advised that the strategy is designed to look at the interplay between the different themes in the strategy. So, for example, culture is part of the Governance & Information theme in terms of embedding a culture of insight-led improvement, as well as Culture being its own theme. There is also the accountability framework that is part of the leadership theme, which looks at changing the culture around accountability. Therefore, it may be that accountability and ownership are not specifically mentioned under the culture theme, but each theme intertwines with each other.

SSa advised that the strategy could be revisited with Governors during any informal / joint Board seminar sessions.

**The Council of Governors received and noted the report.**

**011/21 COUNCIL OF GOVERNORS STRATEGIC DISCUSSIONS**

JD presented a report providing a proposal for the Council of Governors to set the strategic direction of future Committee meetings. JD advised that the exercise was designed to harness the enthusiasm of the Council to take a more strategic view and the report set-out a proposal for using the Joint Board Seminar Session on the 24 February.

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JD advised that the idea was to use the 24 February session in two ways. The first would be to look at strategic items to include as regular agenda items for Council meeting. This could be focused on the themes identified by the Safety Strategy as presented by NH.

JD advised that the second part was to seek Governor input in the overall Trust strategy which is currently being developed. JD advised that the report provided the general direction of travel proposed by the Trust and asked whether the Council was happy to continue in this direction.

SSa thanked JD for the report and agreed that this could make the best use of the strategic discussion sessions for the Council of Governors meetings.

**The Council of Governors received, noted and approved the proposals set-out in the report.**

**012/21 TRUST CONSTITUTION**

JD presented a report providing the Trust Constitution for approval following its annual review. JD advised that the Constitution had been reviewed by a Task and Finish Group and CoG Governance Committee, with a page turning exercise undertaken on both occasions.

JD advised that three changes had been proposed regarding clarifying the staff constitution, clarifying the difference in voting between significant transactions & mergers and creating greater flexibility regarding the appointment of a Deputy CEO. JD advised that the process for the appointment of a Deputy CEO had been discussed at the Board of Directors Remuneration & Nominations Committee the previous day and this would be shared with the Council once the document is finalised.

JD advised that the proposed changes were sent to NHS Providers and the advice received was fed into the discussions with the CoG Governance Committee. JJo confirmed as chair of the CoG Governance Committee that he was happy with the Constitution and the review that took place.

**The Council of Governors received and noted the report and approved the Trust Constitution.**

**013/21 CHANGES TO THE COUNCIL OF GOVERNORS AND MEMBERSHIP OF ITS COMMITTEES**

CJ presented a report providing details of changes to the composition of the Council of Governors, current vacancies for sub-committees of the Council of Governors and the attendance at Council of Governor Committee meetings.

CJ advised that the individual offered the vacant position for North East Essex & Suffolk had subsequently declined the role and therefore there was now a vacancy in this constituency as there were no further individuals on the list from the last election. CJ also asked for any volunteers for the sub-committees.

**The Council of Governors received and noted the report.**

**014/21 YOUR VOICE**

Signed ..... Date .....

TB presented a report providing feedback from the Your Voice Live Event held on the 9 December 2020 and draft plans for the Spring 2021 meeting.

TB advised that the Council should be applauded for holding the first public meeting with members since the Covid-19 pandemic. It was not a statutory requirement, but the meeting had been held virtually. TB advised that 40 people attended the meeting, which was positive.

TB advised that the session had different themes throughout the session, rather than holding a session about a single topic or service and suggested this is used going forward. TB advised that the feedback from the session had been positive, with only one negative comment received. The negative comment would be considered as part of future sessions, alongside the positive comments to ensure the positives are also incorporated. TB said that the session was positive even if only a few people attend as helping one person may not change the world, but it can change the world for one person.

JW thanked TB for her support in putting together the Your Voice session and was looking forward to taking this forward for April 2021. JW suggested considering recording the session in the future and making this available for those unable to attend. SSa agreed this should be considered.

**The Council of Governors received and noted the report.**

**015/21 COUNCIL OF GOVERNORS SUB-COMMITTEES TERMS OF REFERENCE**

CJ presented a report as circulated providing reviewed terms of reference for the CoG Governance, Remuneration and Training & Development Committees for approval. CJ noted one amendment to the Training & Development Committee regarding producing less frequent assurance reports to the Council of Governors.

PG advised the decision to reduce the number of assurance reports had been made after the Committee meeting and therefore this had not been considered at the time.

**The Council of Governors received, noted the report and approved the Terms of References for CoG Governance Committee, Remuneration Committee and Training & Development Committee.**

**016/21 COUNCIL OF GOVERNORS OBSERVATION OF BOARD STANDING COMMITTEES PROCEDURE**

JD presented a report as circulated providing a procedure for Governors to observe at Board of Director Standing Committees as a pilot for a six-month period for approval. JD advised the procedure was for a representative from the Council to observe key committee meetings to allow Governors to assure themselves the Committee acts in the way it expects and meets the expectations of the Non-Executive Director Committee chairs.

JD advised the procedure had been agreed by the Board of Directors and thanked PS and CJ for their input into the procedure. JD advised the process would be for one individual to be nominated for each Committee to provide feedback and contribute to the year-end review of the NEDs. The six-month pilot would be kept under review.

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Signed ..... Date .....

SSa was delighted that this had been moved forward and confirmed the Executive and Non-Executive Directors had endorsed the process. SSa felt it allowed Governors to look into the workings of the Standing Committees and hold NEDs to account.

JW noted the section 3.3 of the procedure noted that “all” Governors would observe and whether this meant all Governors or all nominated Governors. JD agreed there was ambiguity in the statement, but was meant to explain that the number of spaces for observing Committees was limited. JD agreed to amend to clarify.

JW noted Section 3.17 identified there would be a short form and asked whether once it had been developed if it could be amended to the procedure. JD agreed this could be included. SSa advised that the form could be tweaked further as part of the pilot process.

ML asked whether there could be a reserve in place for each Committees as dates were quite fixed and may not be possible for the nominated observer to attend all meetings. JD advised that the procedure was looking for consistency, but would build a reserve into the procedure. PE noted that the section regarding one individual nominated for each Committee would need to change to reflect the addition of a reserve.

**The Council of Governors received, noted the report and approved the Governor Observing on Standing Committees procedure.**

**IP and ER left the meeting.**

**017/21 GOVERNOR SKILLS AND EXPERIENCES**

MW and PM gave a verbal presentation outlining their skills, experiences and history, including the reasons they became Governors.

**SL left the meeting.**

**018/21 LEAD AND DEPUTY LEAD GOVERNOR UPDATE**

JJ presented a report as circulated providing an update on activities involving the Lead and Deputy Lead Governor. JJ advised Page 5 of the report refers to Governors Observing on Standing Committees was widely practiced and was pleased the Trust was now introducing this process.

**019/21 ANY OTHER BUSINESS**

None.

**020/21 QUESTION & ANSWER SESSION FROM MEMBERS OF THE PUBLIC**

SW noted the Patient Safety Strategy had mentioned volunteering and co-production, with co-production projects mentioned as a basis for culture and continuous learning. SW felt one project related to the student buddy nurse scheme and asked for the Trusts view on this.

SSa agreed co-production was a key / central theme. NH advised that one of the better days she has in the Trust is when she is handing out certificates for the buddy scheme and is looking forward to this recommencing. NH advised the Patient Safety Strategy was a high-

Signed ..... Date .....

level strategy and therefore did not have all the detail of everything the Trust is doing. However, there are detailed actions associated with the strategy to ensure it is delivered. NH advised there is an element of co-production in every aspect of work undertaken. SSa agreed and noted the importance of co-design.

SSa thanked SW for his question and looked forward to working with him in the future.

**020/21 DATE AND TIME OF NEXT MEETING**

The date and time of the next meeting is Friday 28 May, 14:15 – 15:45 via Microsoft Tams.

The meeting ended at 17:57

DRAFT

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Signed ..... Date .....

**ESSEX PARTNERSHIP UNIVERSITY NHS FT**

**Council of Governors Meeting  
Action Log (following Part 1 meeting held on 18 February 2021)**

Lead	Initials	Lead	Initials	Lead	Initials
Trevor Smith	TS	Alex Green	AG	Chris Jennings	CJ
Paul Scott	PS	Amanda Sherlock	AS	Alison Rose-Quirie	ARQ
Sean Leahy	SL	Jo Debenham	JD		

Requires immediate attention /overdue for action	
Action in progress within agreed timescale	
Action Completed	
Future Actions	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
February 007/21	Response to provided relating to the query "Page 5 of the report, under Operational Performance it highlights, along with others, the following - (a) increased levels of demand; (b) bed capacity; (c) out of area placements. Aggregating the risks for these 3 overlapping areas could lead to safety being compromised. Are any actions being taken to avert potential issues arising? Also, as NHS services nationally are under pressure, the fact that patients can be accommodated in other areas suggests there is a need for additional capacity within EPUT. Is that assumption correct and should the risk rating(s) in these areas be aggregated and revised upwards?"	AG	May-21	<p>There has been continued pressures on adult acute MH inpatient units</p> <p>Topaz ward has since opened providing 17 adult acute beds and social distancing caps have now been removed in the majority of areas, following robust risk assessment supported by our Infection Prevention and Control Team</p> <p>As of December 2020 18 beds have been commissioned from the Priory. These beds in use and clients in them in future will not be counted as OOA (as these meet the criteria for appropriate placements)</p> <p>There is currently an action plan in place to reduce OOA bed days to 0 by the end of September 2021. Performance against this indicator is regularly monitored by the Data Quality &amp; Performance group.</p>	Closed	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				Our daily rep reporting is now supported (from April 26 <sup>th</sup> 2021) by the use of the Surge Management and Resilience Tool which will enable more efficient reporting, trend and prediction capability and better management of surge activity, activity and management .		
February 008/21 (ii)	Confirm whether performance issues relating to timeliness of data entries highlighted by the Finance & Performance Committee were related to the two record keeping systems used in the Trust.	ML / JL	May-21	This is related to patient record systems. This data includes all of the statutory data and contractual data we have to provide as a trust. Operational Directors and the Director of ITT are looking at splitting this data to ensure data timeliness is monitored against the data needed to support patient safety.  This is not just relate to PARIS and MOBIUS.	Closed	
	Provide update on any plans to link record keeping systems together in the future.	ML / JL	May-21	The current systems are linked together using the HIE interoperable technology currently available within the trust. There is a review of this product currently underway, which will inform the Trusts strategy going forward in line with the system wide shared record agenda.	Closed	
February 009/21	Has any analysis of the breakdown of bullying and harassment figures been undertaken and if not should this be done? Do we know if they are related to performance issues / changes relating to transformation and culture or staff being pressured to undertake actions that they consider would	SL	May-21	Analysis has been undertaken of bullying and harassment figures. Of the staff reporting issues relating to bullying and harassment: <ul style="list-style-type: none"> <li>• 12% (8 staff) relate to performance issues, which could be around someone feeling they are being treated differently</li> </ul>	Closed	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
	<p>compromise theirs / patients wellbeing / safety? Only around 32% of completed the questionnaire - is this indicative that staff feel unable to respond due to potential damage to their careers?</p>			<p>in terms of their performance.</p> <ul style="list-style-type: none"> <li>• 14% (9 staff) relate to changes relating to transformation, which could relate to people being re-deployed or changes being made and staff feeling they have not been included or penalised.</li> <li>• 15% (9 staff) relate to staff feeling pressured to undertake actions they consider may put their health at risk, which relates to Covid-19 in terms of staff being asked to work on Covid-19 wards, feeling risk assessment had not been completed or staff wishing to shield.</li> </ul> <p>The above are some examples and the categories are broad due to the qualitative nature of responses.</p> <p>The 32% response rate was quite low and it is often difficult to get staff to complete this, there may be elements of suffering some kind of detriment but others may not have time to complete the survey. The survey has since been shortened and for the last two quarters has seen a 56% response rate which shows it is going in the right direction.</p>		
Dec 080/20	Review PLACE Scores 2019 and confirm reason for decline in Disability Access from 90.4% in 2018 to 84.7% in 2019.	TS	Feb-21	<p><b>11/02:</b> Fiona Benson, Head of Estates and Facilities confirmed that the PLACE audit scores can fluctuate to this degree year-on-year and the decline in score from 2018 to 2019 on this question is not significant. The scores are based on the opinions of those completing the PLACE audits at the time</p>	Open	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				<p>and therefore changes can be because someone has registered more negative responses than the previous year.</p> <p>However, to ensure this is fully reviewed the question on Disability Access will be added to environmental audits to provide assurance in this area, particularly as PLACE audits are currently suspended due to the pandemic.</p> <p><b>18/02:</b> The Council agreed to keep this action open to ensure it is fully followed-up in relation to the environmental audits.</p> <p><b>21/05:</b> Environmental Audits are being undertaken and this is included, with areas of concern raised to the appropriate group to rectify. PLACE-Lite visits are also being arranged to take place in the summer and Governors will be involved.</p>		
Dec Pres	Review statistics relating to wait times for the NHS 111 Option 2 service to see if there are any emerging themes	AG	Feb-21	<p><b>11/02:</b> This is currently under review.</p> <p><b>21/05:</b> Following an assessment of the latest 111 figures that show a rolling 12 week position the following was identified:</p> <p>The wait time to answer KPI (95% answered within 60 seconds per day) is showing consistent steady performance.</p> <p>The lowest % in last 12 weeks was 89% answered within 60 seconds for the week</p>	Closed	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				<p>ending 28<sup>th</sup> March, the total calls received that week were slightly above the average in the 12 week period. The week beginning 10<sup>th</sup> May saw a very small decline, 94.7% calls answered within 60 seconds.</p> <p>Looking at the past 4 weeks, the 2hr period between 2pm-4pm is the most frequent time of day where calls are answered outside of 60 seconds which was also identified as being during the period of highest call volume.</p> <p>Staffing levels are to be further adjusted to ensure the right volume of cover during periods of high (or low) average call volumes respectively.</p> <p>It should be noted however that the period of higher call volumes varies throughout the year, particularly during holiday periods.</p>		
Dec 085/20	Report on the activity for the Freedom to Speak-Up Guardian to be presented at the next Council of Governors meeting.	SL	Feb-21	<b>18/2:</b> Report discussed at the Council of Governors.	Closed	

		<b>Agenda Item: 5(a)</b>			
<b>SUMMARY REPORT</b>	<b>COUNCIL OF GOVERNORS PART 1</b>	<b>May 2021</b>			
<b>Report Title:</b>	<b>Report From The Chair</b>				
<b>Report Lead:</b>	Professor Sheila Salmon Chair of the Trust				
<b>Report Author(s):</b>	Angela Horley PA to Chair, Chief Executive and NEDs				
<b>Report discussed previously at:</b>					
<b>Level of Assurance:</b>	<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>

<b>Purpose of the Report</b>	
To present an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Non-Executive Directors.	<b>Approval</b>
	<b>Discussion</b>
	<b>Information</b>
	✓

<b>Recommendations/Action Required</b>
The Council of Governors is asked to:
1 Note the contents of this report.

<b>Summary of Key Issues</b>
The report provides an overview of the Chair's, Non-Executive Directors' and Board related activities since the last report to the Council of Governors in February 2021.
An update report from the Chair of the Trust will be provided at each general meeting of the Council of Governors.

<b>Relationship to Trust Strategic Objectives</b>	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

<b>Relationship to Trust Corporate Objectives</b>	
CO1: To provide safe and high quality services during Covid19 Pandemic	✓
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	✓
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	✓
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	✓

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	✓
3: Empowering	✓

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	✓
<b>Data quality issues</b>	
<b>Involvement of Service Users/Health watch</b>	✓
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	✓
<b>Financial implications</b>	
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	✓
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed?</b>	<b>YES/NO</b>   <b>If YES, EIA Score</b>

**Impact on Statutory Duties and Responsibilities of Council of Governors**

Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

**Acronyms/Terms Used in the Report**

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**Supporting Documents and/or Further Reading**

Main report
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Lead

A handwritten signature in black ink that reads "Sheila Salmon". The signature is written in a cursive, flowing style.

**Professor Sheila Salmon**  
**Chair of the Trust**

**REPORT FROM THE CHAIR****1.0 Purpose of Report**

This paper presents an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors (NEDs) to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Chair, NEDs and Board of Directors. This report covers the period since the last report to the Council of Governors in February 2020.

**2.0 Changes to Non-Executive Directors and Executive Team**

I am delighted that Loy Lobo has now joined us as our newest Non-Executive Director. Loy is an experienced innovator in healthcare, over the past decade taking a number of healthcare innovations from concept to market. Loy is a Fellow of the Royal Society of Medicine in London where he serves on its Digital Health Council as President Elect and is a Visiting Researcher at Imperial College Business School. Loy has also served on a number of high profile government panels and academic collaborations to promote the adoption of technology and decision science in healthcare. Prior to working exclusively in healthcare, Loy had over a decade of management consulting experience at a top tier consulting firm, leading technology enabled transformation projects. Loy brings a wealth of experience and knowledge to the Trust.

**3.0 Board Champions**

I am pleased to confirm that following the departure of Alison Davis, Mateen Jiwani has taken the MHA NED lead and Alison Rose-Quirie has taken the Veterans role. A full review of Champion roles is underway and will be confirmed at the July Board of Directors.

**3.0 Activity update from Chair and the NEDs****i) Sheila Salmon**

I have picked out a few of my external activities during recent weeks that I hope are of interest to Governors. I have been a regular participant in an array of National and Regional meetings and workshops. Discussion has largely focussed upon leadership and management of the Covid pandemic and also looking to reset and recovery as we move out of it. The Chief Executive and I have been busy meeting with our strategic partners on an individual and where helpful a cluster basis to forge even stronger collaboration. I have for the next six month period taken up Chairing the Contractual Joint Venture (CJV) Advisory Board, that brings together EPUT with NELFT and Provide across the geography of Mid and South Essex, seeking to improve outcomes in community health services. I have been pleased to be invited to contribute to a national strategic advisory group in the design and development of a tool kit to guide the pivotal

relationship between Chair and Chief Executive. Finally, for this report, I am enjoying acting as a mentor on the second cohort of the NHSE national programme for aspirant Chairs.

**ii) Alison Rose-Quirie**

Since the last report I have taken an active interest in hearing views from staff on our staff survey results. There have been specific focus groups of staff who have contributed on the various sections of the survey. I have sat in on the groups discussing Morale, Engagement and Violence and heard some very informative views. It is to the Trust leadership's credit that they are actively seeking staff views in such a proactive way. The next phase is then how to deliver on the improvements required and build on the many positives. I have also joined an Eating Disorder Awareness session, a Day of Reflection one year on and a Q&A session on the Covid vaccination and an MHS White Paper consultation discussion, in addition to a System workshops with SNEE on Thinking Differently.

Together with my NED colleagues we have had two Constituency Meetings with Governors which is a much valued opportunity to meet informally and discuss issues of concern. I have met with Yogeeta Mohur, the F2SU Guardian, and the HR Director in the F2SU quarterly meeting with the Champions which was an opportunity to meet those committed to supporting a more open culture. I have been updated on the developing Trust Strategy by the CFO and Graeme Jones, a consultant who is facilitating the process. This was then discussed at the recent People Innovations and Transformation Committee observed by Governor Keith Bobbin.

Finally, I have attended a virtual service visit to our Employment services which gave me a real idea of the types of employment services we offer which is very comprehensive and much needed. I also conducted a review of the Trust Safeguarding Policy and Procedures and their application for the HR Director. So all in all quite a busy couple of months.

**iii) Janet Wood**

The Audit and Finance & Performance Committees have been very busy over the last few weeks, working through the year-end forecasts and new year budgets against the backdrop of the continuing adapted financial regime which has expectations of individual organisations as well as the systems we are part of. As a result of this Manny and I have spent a significant amount of time on Teams calls with Trevor Smith and members of his finance team. We have finished the year with a small deficit which will be fully funded. We also have an approved budget for the first six months of the new year. The draft final accounts and annual report have been submitted and were subject to a forensic scrutiny at the May Audit Committee.

I have also spend a considerable amount of time since the last Council of Governors meeting working with colleagues to build the 2021/22 Internal Audit programme to ensure that this gives us significant coverage of not only financial controls, but also evidences the ambition of the new safety strategy and the need to embed learning within the organisation. The

programme is extensive and has flexibility built in to respond to emerging risks.

**iv) Amanda Sherlock**

The last few weeks have seen the opportunity to undertake some 'virtual visits'. I participated in some interesting conversations with the Essex Stars team and also the CAMHs service. It is good to hear the great work that has continued throughout the pandemic as well as listen to some of the very real challenges. It was particularly interesting to appreciate the contribution the Stars team have made to vaccine delivery. The board have continued to consider and support the development of the safety strategy and had a good session on risk. Finally, the attendance of Governors as observers on Board sub-committees has commenced. Despite some technical difficulties at the first quality committee, I am sure we will see this transparency and insight into the conversations and decision making across the organisation, being another step towards greater empowerment, accountability and responsibility for us all

**v) Rufus Helm**

As the Covid crisis begins to recede, the Trust is slowly beginning to look to the future with several events having taken place to discuss its strategic direction and the implications of the White Paper that is wending its way through Parliament. As part of these discussions (and, in fairness something that Paul Scott has been working on throughout the crisis) we expect details of a new organisational structure and accountability framework shortly. This will obviously have a large impact on my own areas of interest such as Quality, Strategy and Innovation and we can expect some significant changes going forward.

**vi) Manny Lewis**

Since the last COG I have chaired 3 F&P meetings where we have been reviewing the setting of the 21/22 budget and monitoring the 20/21 closedown process. Janet Wood and I have been meeting weekly with Trevor Smith to assess progress. The Finance team has done an excellent job in accounting efficiently for Covid spend (£16.2m) as well as for the mass vaccination programme (£6.1m) and NHSI/E top up income. Year-end capital spend and the overall outturn were also really well managed.

I also chaired the Staff governors constituency meeting and the COG chairs of sub-committee meetings and these continue to provide important insight into Trust issues and are leading to positive follow up actions.

I have also been working with Sean Leahy in this period on a number of important fronts - challenging management issues at the St Aubyn centre, the HR service review and the emerging new organisational structure as examples.

I attended a HWE ICS Chairs review of the current structure and potential legislative changes where the question of NED and governor involvement continues to be considered.

Finally, I am pleased to be the Trust's NED representative on our two Collaboratives - the MSE Community services contractual JV with NELFT and Provide and the East of England Specialist services Regional collaborative. The contractual JV due diligence process has been completed and the agreement signed following NED review of the risks. The Regional collaborative briefing with the NED board members took place on 5 May and good progress is being made with a view to the collaborative going live from 1 July.

**vii) Mateen Jiwani**

An exciting and yet overwhelming month. I have been working to understand the remit for mental health and the training required to move into a role of MH champion as NED. I have welcomed further understanding of the frontline with meeting team departments across the services. Currently a walkthrough has been partly managed. Committees attended including BOD has been useful to understand how the safety strategy is underpinning itself across the system. There have been continuous discussions and strategic planning for Anglia Ruskin University which have already lead to committed programmes across learning for digital innovation and evidence forming for improving access to mental health services. I hope to continue to meet more of the team in the coming months. I have been now included in the next Audit committee as part of my portfolio and look forward to attending it. I have also met and attended the Leadership event for the 30 top tier management staff and look forward to helping identify next generation leaders.

**viii) Loy Lobo**

As I write this report, I am in my sixth week at EPUT. I thank my Board colleagues for the warmth of their welcome, and members of staff who have supported my induction and transition into the Trust. It was a pleasure to meet a panel of Governors to introduce myself and share my thoughts on the aims and objectives for the three-year term. The human experience has been through a radical digital transformation in the past 25 years. The world today has over 2.5 billion people who do not know a world without an internet or a mobile phone. Our lives have been transformed. However, most of this transformation seems to have bypassed healthcare services in most parts of the world. Providing healthcare remains effort intensive and most IT projects have tended to increase workload.

The experience of the pandemic has opened the door to a different way of delivering healthcare. There will be a greater emphasis on delivering care out of hospital and closer to the home. Technology and information will be woven into the new service designs. The impending restructuring of the NHS into Integrated Care Systems (ICS) is an important step in this direction. EPUT is well placed to play a strategic role in this transformation.

It is my aim to help EPUT navigate this period of transformation and position itself as a leader in the design and delivery of a new age of patient centred services. These new designs should also empower our workforce to excel at the vocation they signed up to without having to drown in the paperwork that seems to surround services today.

#### 4.0 Recommendations

The Council of Governors is asked to:

- 1 Note the contents of this report.



Professor Sheila Salmon  
Chair of the Trust

**Agenda Item No: 5(b)**

<b>SUMMARY REPORT</b>	<b>Council of Governors PART 1</b>		<b>28 May 2021</b>			
<b>Report Title:</b>		<b>Chief Executive Officer Report</b>				
<b>Executive/Non-Executive Lead:</b>		Paul Scott, Chief Executive				
<b>Report Author(s):</b>		Paul Scott, Chief Executive				
<b>Report discussed previously at:</b>		N/A				
<b>Level of Assurance:</b>		<b>Level 1</b>		<b>Level 2</b>	<b>X</b>	<b>Level 3</b>

<b>Purpose of the Report</b>		
This report provides a summary of key activities and information to be shared with the Board.	<b>Approval</b>	
	<b>Discussion</b>	<b>X</b>
	<b>Information</b>	<b>X</b>

<b>Recommendations/Action Required</b>
The Council of Governors is asked to: 1 Note the contents of the report 2 Request any further information or action.

<b>Summary of Key Issues</b>
The report attached provides information in respect of Covid-19, Performance and Strategic Developments.

<b>Relationship to Trust Strategic Objectives</b>	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	<b>X</b>
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	<b>X</b>
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	<b>X</b>

<b>Relationship to Trust Corporate Objectives</b>	
CO1: To provide safe and high quality services during Covid19 Pandemic	<b>X</b>
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	<b>X</b>
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	<b>X</b>
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	<b>X</b>

<b>Which of the Trust Values are Being Delivered</b>	
1: Open	<b>X</b>
2: Compassionate	<b>X</b>
3: Empowering	<b>X</b>

<b>Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:</b>	
<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	
<b>Data quality issues</b>	-
<b>Involvement of Service Users/Healthwatch</b>	-
<b>Communication and consultation with stakeholders required</b>	-

<b>Service impact/health improvement gains</b>	X
<b>Financial implications:</b>	N/A
<b>Capital £</b>	
<b>Revenue £</b>	
<b>Non Recurrent £</b>	
<b>Governance implications</b>	
<b>Impact on patient safety/quality</b>	X
<b>Impact on equality and diversity</b>	X
<b>Equality Impact Assessment (EIA) Completed</b>	<b>NO</b>
<b>If YES, EIA Score</b>	

<b>Impact on Statutory Duties and Responsibilities of Council of Governors</b>	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

<b>Acronyms/Terms Used in the Report</b>		

<b>Supporting Documents and/or Further Reading</b>

<b>Lead</b>
<i>Paul Scott</i> <i>Chief Executive Officer</i>

CEO Report – May 2021

**1.0 Introduction**

Since my last report in March I am relieved to see that the 3<sup>rd</sup> wave of Covid is firmly in retreat. I am sure we are all looking forward to some, if not full, contact with friends and family.

Undoubtedly this is a challenging time for all and we continue to do everything we can to support our patients and staff in this period. Many of our services are seeing unprecedented demand and we continue to work with our health and care partners to adapt our services so we can offer the most to the most. I am extremely grateful to our incredible colleagues who continue to offer their best every day in this period.

It is also a period where we can see great opportunity. I am so heartened to see and hear the enthusiasm of our staff to improve safety and embrace technology, as well as the willingness of our health and care partners to forge new ways of working. We haven't always got it right but I am confident that there is an appetite and willingness to learn and continuously improve how we support people in need.

Whilst Covid is in retreat we know it has not disappeared. We will maintain vigilance in how we deliver care and we will focus on how we support people with the effects of Covid. This may be in our "Long Covid" clinics, the mental health of the population, delivery of vaccinations to all parts of the population, the recovery of the health and care system or the economic recovery for the population we serve.

To this end I am delighted that we will be making, alongside all of our health and care partners, a public commitment as an anchor institution to support employment and businesses.

Our vaccination teams, including amazing volunteers, continue to deliver vaccinations for Covid across Essex and Suffolk. Their dedication and adaptability is fundamental to its success, as the supply of vaccine, and the timeframes for second doses, changes. Thank you to all involved.

**2.0 Key Issues**

**HSE Prosecution**

As detailed in my CEO Board report in March 2021, the Trust has received notification that a court date of 16 June 2021 has been set for the HSE prosecution. The Trust extends its sincere condolences to the families of those involved. As with the independent Inquiry, the Trust is committed to learning from these tragic events and building them into our safety practice. I am very grateful to those families who have felt able to speak to me about their experience. Whilst I will never understand the full impact of losing loved ones in such circumstances, I am in no doubt that the pain and distress is long standing. I am determined to make sure services in EPUT can be trusted to be amongst the safest in the country.

**Safety Investments**

The implementation of our safety strategy continues to develop and is the key focus for the Executive team.

Our draft accounts show that we invested circa £10m in safer environments on our wards with a plan to spend a further £10m in 21/22.

As well as investing in our wards, we have agreed plans for an expansion of our community Mental Health teams and are planning to invest several £m to provide better support to people with mental health problems by providing more services and linking directly with GP's.

We have completed a full diagnostic of our ward safety which has meant spending a lot of time on wards and walking in the shoes of our front line staff to fully understand what can be done to improve safety. As a result of this work we will, in the coming months, be investing in more budgeted staff, continuing to roll out technology such as Oxehealth and CCTV, investing in clinical leadership, bringing patients and carers into decision making and implementing new ward metrics, with regular Executive team discussions with the services.

Delivering our Safety Strategy is our number one priority and we are also investing in capacity and capability to deliver the changes we want to make and to support our clinical teams. This will also give us the capability to report, in a detailed way, our progress.

More detail on how we are delivering our Safety Strategy is in the main content of the report.

### **Staff Engagement**

Along with the rest of the Executive Team I have invested a large amount of time engaging with staff from all over the organisation. We have over 500 engagement champions who have direct access to the Board at least once a month where they can raise concerns or propose ideas. All of this feedback has led directly to investment decisions and the changes set out above, as well as the changes we have planned in our safety strategy.

### **Independent Inquiry**

As noted in my reports in January and March 2021, historical events relating to services in North Essex were debated in parliament resulting in the commissioning of an Independent Inquiry. The Trust is awaiting further details on the Independent Inquiry, which we will be fully cooperating with, ensuring learning is built into our safety practice. In the meantime, we are investing in a team, with independent scrutiny, to ensure that we have provided all the information we can to the inquiry.

## **3.0 Performance and Operational Updates**

### **Improving Safety**

Our ambition to provide the best and safest care possible for patients and become one of the safest organisations in the country is gaining momentum.

I am delighted that our safety strategy continues to harness excitement and interest. Our Safety First, Safety Always strategy sets out our ambition and our plans to continuously improve safety and build confidence in the trust as a safe organisation. As we are looking for some elements to have an impact quickly, it has been pleasing to note that our weekly Safety Executive Oversight Group has been tracking our progress already. We are making good headway in making change where it counts:

- Moriam Adekunle our new Director of Patient Safety commenced in post on the 4<sup>th</sup> May. Moriam is engaging with staff members across the organisation on what safety means to them and has promoted the role in a number of live webinars
- Our improvement partner Newton's have continued with their diagnosis analysis on safety in the wards and are now reaching conclusions and recommendations.
- Our work with post graduate students from Cambridge University looking at how we manage ligature risk is gaining momentum and will be a key presentation to the Mental Health Safety Improvement Programme national programme on how

we, in collaboration and utilisation quality improvement methodology, reduce self-harm and suicide.

- Prioritised resource to support implementation

The rollout of Oxehealth is progressing to plan with 15 wards live and operational using the technology. In May, we will have two seclusion rooms and The Lakes 136 suite operational, with all other seclusion rooms and 136 suites completed by end of June. The work on the older peoples' functional wards is progressing with planned go-live dates in June and July.

Our ambition of our patients, families and carers feeling confident and safe in EPUT's care is in establishing a strong safety and learning culture and increasing patient involvement and co-design in our services. We formally implemented PSIRF (Patient Safety Incident Response Framework) on the 1<sup>st</sup> May 2021 following regional and national approval of the Trust's Patient Safety Incident Response Plan (PSIRP). We have received positive feedback from local commissioners and NHS E&I, including a request to use it as an exemplar.

We have commenced a Safe Staffing project to ensure that there is an appropriate number and mix of clinical professionals, with the objective to understand the staffing resource for safety and enhance substantive teams reducing reliance of Bank/Agency staff that are used across patient wards. Initial detailed planning of this project is nearing completion and the deliverables and timescales will be set in June.

With support from a specialist third-party (Newton), we are undertaking a diagnostic to look at ways to improve the safety and quality of our adult inpatient mental health services. The diagnostic approach is to understand the views and realities faced by frontline staff and to "walk in their shoes". Alongside frontline engagement, we have taken a data-focused approach to understanding factors and themes influencing current performance and then understand how these factors come together at an operational level. The findings and recommendations will be available in late May and will feed into our planning and projects portfolio.

We have a plan to engage the wider organisation, both with our people and our communities, this is an exciting communications strategy that will use of own staff and patient experiences to ensure everyone feels a part of our safety journey. We have also been explaining our approach to safety to our system partners, our commissioners, local authorities and acute care providers. Many of whom are keen to work across the system supporting the safety of our patients.

There are seven themes we are focussing on: leadership, culture, continuous learning, wellbeing, innovation, enhancing environments and governance and information. We continue with regular updates the Executive Safety Oversight Group weekly on the progress we have made.

As part of Safety Strategy, and starting with the Newton diagnostic work, we have implemented a new project management office (PMO) capability. This will ensure that we have the right level of project governance, controls and assurance for our projects and programmes. Over the coming weeks we will be expanding the PMO to support all of our key project activity. As part of the PMO activity we are producing an overall plan of all projects and programmes, both in-flight and planned over the next 24 months enabling us to plan, prioritise and resource our teams more effectively in the future.

### **Operational Performance**

Our operational performance has remained stable and in there were 24 performance and quality indicators within target. The 5 areas of inadequate performance remain the same; there has been significant improvement in the numbers of patients not seen within 12 months and waiting list clearance plans in place for psychology. In addition, all 6 Clinical Associate in Psychology roles have been recruited to.

The pressure on inpatient adult mental health beds has continued resulting in a further increase in out of area bed days. Topaz ward is now operational and admitting patients in a phased approach. Social distancing caps on occupancy have also been reviewed with support from Infection Prevention and Control and these have largely now been removed. We are repatriating patients and have an action plan in place to reduce out of area placements to 0 by September 2021.

There were 7 areas requiring improvement in April with IAPT and Essex STaRS continuing to experience COVID-19 related performance issues. Adult acute mental health readmission rates were at 10.3% against a target of 9.3%; the spike relating to 11 readmissions. Statistical control analysis indicates no cause for concern.

Our Tier 4 CAHMS pressures have sustained. We have been working with our system colleagues to develop a plan for the implementation of 2 x 72 hour admission beds to support better flow and capacity and improved outcomes for young people as well as working with regional colleagues on a number of medium term schemes.

### **Medical Directorate Update**

A new ADHD services has been approved by Commissioners in the North East and West Essex areas and we are currently in the process of recruiting staff for that service to commence.

Four Overseas Clinical Fellowship positions appointed to and the first of the doctors should be ready to start work in June. We will be running another recruitment campaign to attract more overseas fellows to join the Trust with the expectation that with support and further training, these doctor's will join our consultant workforce within the next few years. Recruitment task and finish group met on the 13<sup>th</sup> May 21 to discuss the problems with recruitment to consultant roles and the plan is to review the current job description templates and general Trust content on website to try and make it more attractive for doctor's looking for roles.

### **Finance**

The Executive Team Operational Committee have agreed for the Specialist Community Forensics Team to continue using the underspend from 20/21 beyond June 2021 to maintain the current service delivery until East of England Collaborative, fund as recurrent funds from 22/23.

### **Covid 19 Vaccination Programme**

Delivery of the COVID-19 vaccination programme has continued at pace since my report in March. The programme continues to be rolled out progressively across the nationally identified priority groups. Nationally, and locally, vaccinations have now been offered to all people in the first ten priority groups (ie residents and staff in care homes for older adults, health and social care workers, the clinically extremely vulnerable, those in an at risk group and all those aged 40 years and over not included in one of the other priority groups listed). Recently vaccinations have started to be offered to those in priority group 11 - at the time of writing this report, those aged 38 and 39 had been invited to attend for vaccination.

Across Essex and Suffolk, colleagues in primary care, the hospital sector and EPUT have continued to work together to deliver the programme – via GP-led vaccination services, hospital hubs, community pharmacy vaccination services and large scale vaccination centres now in place across the two counties.

EPUT has now opened a total of 15 large-scale vaccination centres across Essex and Suffolk with the capability to deliver thousands of vaccines each week, and we have worked hard to ensure that our centres have been opened in line with the vaccine supply available to us at any given time. Throughout this time we have also focussed on delivering 2<sup>nd</sup> doses

within the timescales set out by the national programme. Recently, those in priority groups 1 – 9 have been given the opportunity to move forward their 2<sup>nd</sup> dose appointment from 12 weeks to 8 weeks. We immediately took action to increase the capacity available within our vaccination centres to provide earlier appointments that individuals could book into should they wish to.

A number of our centres have recently been assured by the national team to deliver more than one type of vaccine, enabling us to roll out vaccinations to the population as quickly as possible in line with the different vaccine supplies available to us. This has also enabled us to respond effectively to the national guidance of offering those under the age of 40 an alternative to the AstraZeneca vaccine. We are now working towards ensuring all our sites will be ready to start delivering different types of vaccine as they become available.

As well as delivery from our vaccination centres, we have continued to explore new ways of delivering the vaccine to local communities. We have extended our vaccination programme with pop up clinics for the homeless and other seldom heard groups across Essex and Suffolk to ensure the widest possible coverage of vaccination. We are planning to bring on line a vaccinating bus over the coming weeks to provide further opportunities for delivery of the programme across all parts of our community.

My thanks are extended to all those involved in the continued successful roll out of this unprecedented vaccination programme.

## **People**

### **Recruitment Highlights and Workforce Planning**

- **Healthcare Support Worker Recruitment Programme Update.** 64 candidates have been aligned to operational areas and necessary employments checks are underway. 13 candidates have commenced or have agreed start dates. There have been significant delays in the progress due to lack of engagement and support from the agency in completing pre-employment checks. Concerns have been raised with Health Education England and timescales for programme completion have been extended. EPUT are now managing the pre-employment check process. To support this programme all Bank healthcare support workers have been contacted to express interest in transferring to permanent positions in the Trust. 76 bank workers have been identified and we are currently in the process of transferring these workers into substantive positions.
- **Student Recruitment** – 72 student nurses have been offered employment in the Trust on completion of their nursing degree
- **International Recruitment Programme** is well underway, the first task and finish group was held on 4<sup>th</sup> May with monthly meetings in place moving forward. The Trust is also engaged in a variety of international recruitment meetings both across the ICS and East of England to support the recruitment 70 nurses this year.
- **Time to hire** has decreased as at April 21 (93 days) compared to last reported position in March 2021 (104 Days). However, it should be noted that included in this timescale is the authorisation to advertise stage. On average, it has been taking approximately 26 days to authorise. If we remove this from our monitoring for time to hire this reduces to circa 67 days.
- A focused piece of work has been undertaken to further reduce these timescales, which has included putting in place more robust Key Performance Indicators for the recruiting manager, recruitment and the chasing of candidates. We have also recently removed the finance authorisation stage, which was circa 20 days. We will now be reviewing recruitment processes and template documents with the purpose to modernise and streamline these.
- **Starters and Leavers** There were 102 staff members who joined the organisation in April 2021. This figure has increased from March 2021 when there were 60 starters. 47 staff left the Trust in April 2021. This figure is not dissimilar to the March 2021

when we had 50 leavers. The main reason as to why staff members left in April 2021 was due to promotion (10 staff) Vacancy and turnover figures remain under Trust's 12% target

### **Sickness**

- Absence relating covid peaked in January 2021 at 710 staff reporting covid absence and has significantly declined February 299 staff and March 183 staff. As at 17<sup>th</sup> May 2021 we have 14 staff reporting Covid absence and a further 4 staff isolating/shielding not working.

### **Employee Relations Highlights**

- 8 Formal disciplinary cases
- 3 suspensions
- 15 Grievances
- 8 Appeals
- 1 Whistleblowing investigation being supported by HR
- 3 Employment Tribunals
- The HR team held a session with members of the ethnic minorities committee where we discussed lived experiences in entering formal employee relations processes. The purpose of this session was to look at improving HR practices to support staff from ethnic minorities and reduce staff entering formal employee relations processes, it was a very thought provoking session and a further follow up session will be held on 15<sup>th</sup> June to agree actions to be taken forward.

### **Learning and Development**

- Many of the Leadership Programmes are now restarting fully with all modules on offer. Mary Seacole cohorts are being rescheduled and will commence later this summer. The Management Development Programme (MDP) is offering the full programme again and some of the elective modules have commenced and all elective modules will be rescheduled to restart from June.
- Compassionate leadership/ culture workshops are being offered to all staff within the Trust
- The Edward Jenner on-line learning is now being integrated into the EPUT leadership pathway as an additional step on the learning pathway leading to the MDP.
- One of the recruitment incentives that is in development are three rotational posts for community mental health. The posts will allow these newly qualified staff to participate in a learning programme which involves formal learning and the chance to work across neighbouring providers .
- In support of the Health Care Support Worker recruitment the Workforce Development Department have recruited additional assessors who will work on the in-house Level 3 and Level 5 diplomas in health and care. These programmes are now going to provide options for staff wishing to train towards a therapy qualification as well as nursing.
- The Clinical Associate in Psychology programme has now recruited additional staff to assist with delivery and assessment. Applications are being processed and the course will commence within the next few weeks.
- Additional clinical placements have been created in the vaccination centres, taking advantage of the learning opportunities that they offer in terms of public health, infection control etc..
- The mandatory training team are continuing to train vaccinators for the SNEE and MSE systems.
- The accreditation for our TASID programme is progressing and we have had an initial inspection. The assessors were very impressed with the team following the observation, particularly the commitment to the reduction of restrictive interventions and the patient focused training and delivery. We have had to submit a few extra pieces of evidence for minor alterations. There will be a Panel on June 16<sup>th</sup> where

EPUT will deliver a presentation and there will be the opportunity for questions. There is then a quality assurance process but we hope that accreditation will be granted from July 1<sup>st</sup>.

- Our applications for the September intake from the NHS Graduate Management Trainee Scheme have been submitted. This time we had 3 for general management in clinical services (West Essex Community, South Essex Community and Mental Health) and one from HR.
- The new Appraisal and Support Policy is going through the approval process. There is a new development pathway and objective setting template which will align to the Trust values and priorities for this year. An individual wellness plan has been created which will accompany the support 1;1 which will be part of the compassionate conversations which managers will have with staff.
- We have welcomed a Graduate Management Trainee for a flexi-placement in May and June. They are helping us set up the programme of Team Support Days that will be part of the Reset and Recovery work and also assisting us with the careers lounges for volunteers of the vaccination programme.
- Overseas Clinical Fellowship positions appointed
- Recruitment strategy for medical positions, BMJ supported advertisement and task and finish group set up to look at recruitment and retention, development of skill mix and introducing Physician Associate roles with supported funding from EoE
- Women in Leadership Events have been held for all staff
- Compassionate Leadership Sessions and Compassionate Culture sessions (Compassionate Leadership has now been accredited by CPD )
- Focused sessions for managers of managing effective teams virtually
- Developed and implemented career lounges for staff identifying talent pathways
- Coaching career conversations forming part of appraisal
- Health and wellbeing conversations taking the forefront in 1:1's /supervisions, wellness plan developed , EPUT represented in a regional working group for development

**Staff Engagement:**

Although we are currently on track to being released from lockdown the support required by staff is at an all-time high with an increasing need for team and individual support.

- Promotion of Staff Survey is ongoing, working closely with communications team to ensure promotion is focused in the lead up to 2021 NHS Staff Survey. Focus groups have now been completed with good attendance levels and positive feedback received Plans for future focus groups to discuss confidentiality and staff survey process in place.
- Staff Engagement Champions Network Meetings and Grills monthly with last event in May. Further plans to develop a newsletter, breakout smaller grills and mentors for each champion are underway.
- Continued Staff Engagement/Wellbeing attendance at local team meetings to strengthen staff support message.
- Plans to submit application for HSJ award for Staff Engagement Award & Menopause Support Group June 21.
- Staff Recognition Awards – now on to second round of winners to date over 300 nominations received.
- Recent survey on the Staff Engagement Team's effectiveness has seen some positive results and Staff Engagement Team been nominated for a Staff Recognition Award in the next round.

**Wellbeing**

- Wellbeing toolkit developed for managers, promotion planned
- Rest Nests included in staff calendars to encourage attendance
- Mental Health Awareness Week recently promoted

- Walk to Italy Competition still live to encourage physical activity
- Staff Fitness Classes have been running
- Wide promotion of the range of services available to staff including Facebook live videos, articles and events.
- Menopause support group operating well and has Guest Speaker in June (Prerana Issar Chief People Officer)
- 2 Wellbeing Leads in place providing support across the Trust and to the HSE Inquiry Team
- Close working with the ICS on wellbeing projects. Multiple seminars and events attended from NHS England and region
- First Long COVID support group held May 21 for staff.
- Long COVID webinar with Herts and West Essex planned for May 21.
- One to one wellbeing support and signposting provided to individuals
- Team wellbeing support provided collaborating with Here for You and the Organisational Development Team
- Personalised wellbeing toolkits developed for individuals and teams
- Management Development Programme and Leadership Development Pathway sessions will be delivered on wellbeing
- Compassionate conversation training and wellness plan being developed and recently showcased at the NHS Improvement Wellbeing Collaborative.

### **Equality & Inclusion**

- Wellbeing and psychological support for those affected by the Derek Chauvin Trial and second wave of COVID-19 in India.
- Support for Vaccination services, including additional interpreting request to better support those who do not speak English accessing this service.
- Development of Race Awareness and Allyship training in collaboration with staff focus group and the BAME Staff Network.
- Statement written for Trust aimed at Ethnic Minority staff for the Sewell Report and the Trust's stance.
- Ongoing 1:1 "walk-in" support for staff members with questions relating to Reasonable Adjustments, Gender Identity and other E&I topics.
- Online stakeholder session to grade Equality Delivery System and propose new actions for 2021-22 EDS held in March, and a report has been submitted to the E&ISC with full results and future steps.
- Continuation of support telephone service for Black, Asian and Minority Ethnicity groups (in conjunction with HWE ICS) and "Here for You" service.
- Networking with the ICS Systems for collaboration on joint Equality and Inclusion Agenda, sharing good practice with other NHS organisations (i.e NELFT)
- Close working with Chaplaincy Services to ensure staff and patients' faith and spiritual needs are supported, including targeted work focusing on Ramadan.
- Finalising an updated E&I Induction / Staff OLM Training with new learning and covering important key points in E&I.
- Continued support for National Disability and Long Term Conditions Network for disabled staff, with initial meeting of all Networks after regional sessions.
- Development of a policy aimed at supporting transgender / non-binary patients & inclusion in the Same Sex Accommodation Clinical Guideline, plans to develop a full staff policy and procedure over the next six months.
- Continuation of LGBTQ+ Awareness Training for staff with positive reception in the Trust, this was also showcased at the Southend MHPF on request with positive feedback.
- Regular reviews of Intranet advice and guidance for staff, including additional resources for supporting Autistic Patients, Carers and Staff developed in collaboration with a staff member with lived experience.
- E&I Training provided to Staff Governors.

- New printable “Equality and Inclusion Update” designed to better reach frontline staff.
- Adherence to WRES and WDES with quarterly (Q2) update.
- Inclusion of Equality and Inclusion in Staff Appraisals in line with NHS Plan
- Sensory Loss Awareness Sessions available to all staff.
- Sunflower Lanyards Scheme implemented for Patients and Staff with hidden conditions and now embedded in Staff Intranet and Staff Induction
- Reverse Mentoring cohort continue to meet as part of reverse mentoring programme

Agenda Item No: 5(c)

<b>SUMMARY REPORT</b>	<b>COUNCIL OF GOVERNORS PART 1</b>		<b>28 May 2021</b>			
<b>Report Title:</b>		<b>Assurance Report from the Chair of the Board of Directors Charitable Funds Committee</b>				
<b>Executive/Non-Executive Lead:</b>		Dr Rufus Helm, Non-Executive Director				
<b>Report Author(s):</b>		Clare Barley, Head of Financial Accounts				
<b>Report discussed previously at:</b>		n/a				
<b>Level of Assurance:</b>		<b>Level 1</b>		<b>Level 2</b>	✓	<b>Level 3</b>

<b>Purpose of the Report</b>							
To highlight the work of the Committee during the period of 1 April 2020 to 31 March 2021 from the Chair of the Committee's perspective.	<table border="1"> <tr> <td><b>Approval</b></td> <td></td> </tr> <tr> <td><b>Discussion</b></td> <td></td> </tr> <tr> <td><b>Information</b></td> <td>✓</td> </tr> </table>	<b>Approval</b>		<b>Discussion</b>		<b>Information</b>	✓
<b>Approval</b>							
<b>Discussion</b>							
<b>Information</b>	✓						

<b>Recommendations/Action Required</b>
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> <li>Note the contents of the report</li> <li>Request any further information or action.</li> </ol>

<b>Summary of Key Issues</b>
<p>This report confirms:</p> <ul style="list-style-type: none"> <li>the purpose and membership of the Committee;</li> <li>the Committee met twice during 2020/21 on 23 July 2020 and 21 October 2020;</li> <li>the unaudited value of the fund as at end of 2020/21 is £1,038,358 (2019/20: £876,010), including £53,452 held for the Local Medical Committee;</li> <li>activities undertaken by the Committee during the year; and</li> <li>the Charitable Funds Committee has been fulfilling its Terms of Reference during 2020/21.</li> </ul>

<b>Relationship to Trust Strategic Objectives</b>	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	

<b>Relationship to Trust Corporate Objectives</b>	
CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	✓

<b>Which of the Trust Values are Being Delivered</b>	
1: Open	✓
2: Compassionate	
3: Empowering	



**Report from the Chair of the Board of Directors  
Charitable Funds Committee**

**1. Purpose of Report**

This report is provided to the Council of Governors by the Chair of the Charitable Funds Committee. It is designed to highlight the work of the Committee during the period 1<sup>st</sup> April 2020 to 31 March 2021 from the Chair of the Committee's perspective.

The Committee is responsible for ensuring compliance with any mandatory, regulatory or statutory requirements.

**2. Committee Purpose**

The Terms of Reference of the Committee were reviewed and approved in July 2020.

The Board of Directors act as 'corporate trustee' with day to day management of the funds delegated to the Charitable Funds Committee as per the Trust's standing orders and schemes of delegation. The duties of the Committee includes:

- Investing, managing and spending charitable donations efficiently in accordance with the Trustee Act 2000 and in line with its charitable objects
- Maintaining a proper distinction between the Corporate Trustee's responsibilities as a trustee and EPUT's other functions
- Acting in accordance with the conditions for which a donation is made and keeping general funds separate from designated funds.

**3. Membership**

The review of the Terms of Reference in July 2020 updated the Committee membership to:

- Two Non-Executive Directors (one of which is the Chair of the Committee)
- Executive Chief Finance Officer
- Executive Director of Strategy and Transformation

Other officers in attendance are:

- Fund Managers
- Head of Financial Accounts
- Independent Financial Advisors as necessary or required.

**4. Annual Review**

During the 2020/21 financial year, the Committee met on two occasions; 23 July 2020 and 21 October 2020. The next meeting is due to take place on 8 July 2021.

A full review of the Charities activities will be published in the Charitable Funds Annual Report and Accounts for 2020/21, which is required to be submitted to the Charity Commission by the 31 January 2022.

As at the end of March 2021, the Charity had an unaudited fund value of £1,038,358 (March 2020: £876,010) including £53,452 in respect of the Local Medical Committee for whom the Trust continues to hold funds. The total fund continues to be held in a mixture of long and short term investments in line with the Charity's Investment Policy, with the movement in fund value summarised as follows:

<b>Opening Charity Value at 31 March 2020</b>	<b>£876,010</b>
Donations / Grants (including NHS Charities Together)	£201,913
Investment Income (Dividends / Interest)	£35,470
Expenditure	(£227,880)
Admin / Audit Fees	(£31,288)
Gains on Investments	£184,133
<b>Closing Charity Value at 31 March 2021</b>	<b>£1,038,358</b>

Activities undertaken by the Committee during the year included:

- Review of administration charge made by the Trust to the Charity, leading to an annual reduction in the charge of £452 per annum. The administration charge for the 2020/21 financial year was agreed at £26,788 (2019/20: £27,240). Further administration savings were noted by transferring transactional reporting for charitable funds to the Trust's main finance system. This saved annual licence costs of circa £1,000 from the stand-alone charitable funds system previously used.
- Received updates on Stage 1 (urgent recovery grants) available from NHS Charities Together and approved the process for submitting bids against these funds which totalled £170,000. These funds were allocated to the establishment of:
  - wellbeing / wobble rooms for staff,
  - fast track access to physiotherapy services for staff,
  - establishment of an IT lending library for patients,
  - supporting the Trusts equality networks and 'hidden communities' adversely affected by Covid (eg, faith cubes, sensory awareness training, LGBTQ+ lanyards, BAME events),
  - provision of hampers to inpatient areas at Christmas, and
  - provision of food and beverages in our clinical areas.
- Received updates on Stage 2 (Community Partnership) and Stage 3 (Recovery) grants which the Charity is eligible to bid against, and agreed the basis of submission of bids. Two bids were submitted under Stage 3, of which one has been approved by NHS Charities Together and which relates to a bid of £42,000 for Open Arts. The second bid was unfortunately rejected, but will be further refined and resubmitted ahead of the deadline of 31 December 2021. This related to physical health / wellbeing improvements for staff.
- Reviewed and approved the use of two further fundraising schemes for the Trust including:
  - registering the Trusts Charity with Amazon Smile for which further information on how to sign up is available on the Trusts website ([www.eput.nhs.uk/get-involved/charitable-funds/](http://www.eput.nhs.uk/get-involved/charitable-funds/))
  - a payroll giving scheme for staff called Pennies from Heaven where staff are able to donate the odd pennies from their take home pay each month.
- Oversight and approval of bids submitted against the Charity's general funds as part of the annual bidding process. The Committee received 27 bids totalling £90,561 with 26 bids able to be funded from either charitable funds (including applicable NHS

Charities Together grants), exchequer or capital funds. The remaining bid was included as part of the Stage 3 grant application made to NHS Charities Together in respect of physical health improvements and will be resubmitted in the coming months.

- Where required, all bids in excess of the Committee's delegated authority of £10,000 have been recommended to the Board of Directors for approval.

**5. Assurance**

In my opinion, the Charitable Funds Committee has been fulfilling its Terms of Reference during 2020/21. There have been no issues identified which needed to be escalated to other Standing Committees of the Board of Directors or to the Board of Directors.

**6. Action Required**

The Council of Governors is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Report prepared by

Clare Barley  
Head of Financial Accounts

**On behalf of**

**Rufus Helm**

**Non-Executive Director / Chair of the Charitable Funds Committee**

<p><b>SUMMARY REPORT</b></p> <p><b>COUNCIL OF GOVERNORS PART 1</b></p>		<p><b>Agenda Item No: 5(d)</b></p>				
		<p><b>28 May 2021</b></p>				
<p><b>Report Title:</b></p>		<p><b>Code of Governance for FTs Review 2020/21</b></p>				
<p><b>Report Lead:</b></p>		<p>James Day Interim Trust Secretary</p>				
<p><b>Report Author(s):</b></p>		<p>Chris Jennings, Assistant Trust Secretary</p>				
<p><b>Report discussed previously at:</b></p>		<p>CoG Governance Committee 6 May 2021 Finance &amp; Performance Committee 20 May 2021</p>				
<p><b>Level of Assurance:</b></p>		<p><b>Level 1</b></p>		<p><b>Level 2</b></p>	<p>✓</p>	<p><b>Level 3</b></p>

<p><b>Purpose of the Report</b></p>		
<p>This report provides an update and assurance on the Trust's compliance with the provisions in (Monitor's) <i>NHS Foundation Trust: Code of Governance</i> July 2014 (the Code) in preparation for the inclusion of the 'comply/explain' principles and necessary disclosures as part of the Trust's Annual Report 2020/21 submission.</p>	<p><b>Approval</b></p>	<p>✓</p>
	<p><b>Discussion</b></p>	
	<p><b>Information</b></p>	

<p><b>Recommendations/Action Required</b></p>
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> <li>Note the contents of this report.</li> <li>Not the findings of the internal review of the Trust's compliance with the Code as a pre-requisite assurance to the Board of Directors in preparation of the Trust's Annual Report 2020/21.</li> <li>Support the Board of Directors in making a formal statement in the annual report that the Trust is compliant with all provisions of the Code of Governance as recommended by the CoG Governance Committee.</li> </ol>

<p><b>Summary of Key Issues</b></p>
<p>The purpose of the Code is to provide guidance to help Trusts deliver effective and quality corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients.</p> <p>The Trust's Annual Report must include a statement as to how the Trust applies the Code and also confirm that the Trust 'complies' with the provisions, or if not, provide an explanation as to why it has departed from the Code.</p> <p>The review process to be followed is as follows:</p> <ul style="list-style-type: none"> <li>Self-assessment against the Code of Governance</li> <li>Internal independent assessment by the Council of Governors Governance Committee (6 May)</li> <li>Assurance report to Finance &amp; Performance Committee (20 May)</li> <li>Report to Council of Governors (28 May)</li> <li>Final annual report, including relevant statement to Board of Directors (25 June)</li> </ul> <p>The CoG Governance Committee scrutinised the Code of Governance Self-Assessment and were satisfied there was strong evidence that the Trust was compliant with all provisions in the Code without exception. The Committee suggested some minor amendments to the self-</p>

assessment documentation and these have been incorporated into the documents attached to this report.

This was presented to the Finance and Performance Committee on the 20 May 2021 which approved the self-assessment documentation to confirm to the Board of Directors that the Trust complies with the provisions of the Code in the Trust Annual Report for 2020/21.

The updated self-assessment documentation is attached (appendices 1 – 5) and the action plan developed to strengthen the governance arrangements is also attached as Appendix 6.

**Relationship to Trust Strategic Objectives**

SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

**Relationship to Trust Corporate Objectives**

CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	
3: Empowering	

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	
<b>Data quality issues</b>	
<b>Involvement of Service Users/Healthwatch</b>	
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	
<b>Financial implications:</b>	Capital £ Revenue £ Non Recurrent £
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed</b>	YES/NO    If YES, EIA Score

<b>Impact on Statutory Duties and Responsibilities of Council of Governors</b>	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail): <ul style="list-style-type: none"> <li>• Ensuring effective and robust governance processes are in place and operating effectively, to enable the Council of Governors to fulfil its statutory duties</li> </ul>	✓

<b>Acronyms/Terms Used in the Report</b>	
CoG	Council of Governors

<b>Supporting Documents and/or Further Reading</b>
<ul style="list-style-type: none"> <li>• Appendix 1 - Section A: Leadership</li> <li>• Appendix 2 - Section B: Effectiveness</li> <li>• Appendix 3 - Section C: Accountability</li> <li>• Appendix 4 - Section D: Remuneration</li> <li>• Appendix 5 – Section E: Relations with Stakeholders</li> <li>• Appendix 6 – Action Plan to Strengthen Compliance</li> </ul>

<b>Lead</b>
<b>James Day</b> <b>Interim Trust Secretary</b>

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

## NHS FT Code of governance Feb 2014: Compliance Evidence and Actions Schedule 2020/21

## SECTION A: LEADERSHIP

Code	Provision	Comply	Trust Position	Annual Report Requirements
<b>A.1</b>	<b>The role of the Board of Directors</b>			
<b>A.1.1</b>	<p>The Board should meet sufficiently regularly to discharge its duties effectively. There should be schedule of matters specifically reserved for its decision. The schedule of matters should include a clear statement detailing the roles and responsibilities of the Council (as described in A.5).</p> <p>This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved.</p> <p>The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.</p>	✓	<ul style="list-style-type: none"> <li>• In 2020/21 Board met in public 6 times.</li> <li>• All meetings of the Board were held virtually using Microsoft Teams Live which allowed the public to watch the session live and ask any questions using a chat box function.</li> <li>• Extraordinary Board meetings called if time-bound decisions / actions required, including approval of the annual report and recruitment of the Executive Chief Finance Officer on the 24 June 2020, approval of the Patient Safety Incident Response Plan (PSIRF) on the 28 October 2020 and the approval of the contractual joint venture agreement on the 24 February 2021.</li> <li>• Board annual meetings schedule of business and calendar of dates</li> <li>• Matters reserved for the Board are included in the Trust's Standing Orders for Board and Council, Standing Financial Instructions, Detailed Scheme of Delegation and Scheme of Reservation &amp; Delegation.</li> <li>• Constitution and Board and Council Standing Orders contain details on the function of the Board of Directors and Council of Governors.</li> <li>• Board and Council Standing Orders includes a section relating to the handling of disagreements between Council and Board.</li> <li>• Policy and procedure developed setting-out how the Board and</li> </ul>	<b>Supporting explanation/reference</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>Council work together, including handling disagreements.</p> <ul style="list-style-type: none"> <li>• Specific section added to any Council of Governor procedures relating to disagreements between the Council and the Board, including reference to referring disputes to the SID.</li> <li>• Code of Conduct for Members of the Board (this is currently being reviewed)</li> <li>• Code of Conduct for Governors reviewed every three years (reviewed and updated in November 2019)</li> <li>• Codes of Conduct, Standing Orders and Standing Financial Instructions provides a framework which provides assurance on how the Trust conducts itself</li> <li>• Statement included in Annual Report about how the Board and Council operate</li> <li>• Governors' roles and responsibilities included in Standing Orders</li> <li>• Part 1 minutes of Board and Council meetings available to staff/public via the website</li> <li>• Approved Board minutes (Part 1) and summary of minutes (Part 2) circulated to Council</li> </ul>	
A.1.2	<p>The annual report should identify the Chairperson, the deputy Chairperson (where there is one), the chief executive, the senior independent Director (see A.4.1) and the Chairperson and members of the nominations, audit and remuneration Committees. It should also set out the number of meetings of the Board and those Committees and individual attendance by Directors.</p>	✓	<ul style="list-style-type: none"> <li>• Annual Report includes names of Chair, Vice-Chair, CEO, SID and members of Nominations, Audit and Remuneration Committees.</li> <li>• Trust website includes names of Chair, Vice-Chair, CEO and SID*</li> <li>• Register of Board meetings including attendance by individual Directors is kept by the Trust Secretary and is available on request; details are identified in the Annual Report</li> <li>• Register of Nominations, Audit and Remuneration Committees meetings including attendance by individual Directors is kept by the</li> </ul>	<p><b>Supporting explanation/reference</b></p>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			Trust Secretary and is available on request; details are identified in identified in Annual Report  *name of SID removed as at 31 March 2021 following departure of Alison Davis and will be updated once new SID is appointed.	
A.1.3	The Board of Directors should make available a statement of the objectives of the NHS foundation Trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	✓	Included in the following documents which are available on the Trust's website: <ul style="list-style-type: none"> <li>• Annual Report</li> <li>• Quality Account/Report (Quality Priorities)</li> <li>• Five Year Strategic Direction 2019 – 2024</li> <li>• Covid-19 specific corporate objectives have been in place since June 2020. The focus has been on the Covid-19 pandemic and mass vaccination programme during the year, rather than traditional operational planning.</li> </ul>	Publicly available
A.1.4	The Board should ensure that adequate systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its health care delivery.  The Board should regularly review the performance of the Trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	✓	<ul style="list-style-type: none"> <li>• Performance, quality and finance management systems in place to measure and monitor the Trust's effectiveness, efficiency and economy and quality of its healthcare delivery and safeguard patient safety</li> <li>• Board delegates responsibility for carrying out some of its duties, particularly operational service delivery and quality, to its standing committees but without compromising collective accountabilities</li> <li>• Established Board Committee Governance structure in place that was reviewed in September 2018 to streamline the committee structure and given greater focus on strategic development and the transformation agenda. These were implemented in November 2018. This is now currently being reviewed as part of developing a new governance and accountability framework for the Trust.</li> <li>• Standing Orders (September 2020), Standing Financial Instructions</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>(September 2020), Detailed Scheme of Delegation (September 2020) and Scheme of Reservation &amp; Delegation (September 2020) in place and reviewed annually</p> <ul style="list-style-type: none"> <li>• F&amp;P Committee undertakes a detailed scrutiny of the Trust's performance at each of its monthly meetings against the regulatory requirements and internally set KPIs through the review of an interactive detailed quality, performance and finance scorecard, and updates from Operational Directors. Detailed report is presented at each Board meeting identifying hotspots and mitigating actions</li> <li>• Board reviews Trust's performance at each of its meetings against regulatory requirements and approved plans and objectives through assurance report from F&amp;P Committee as well as the quality, performance and finance scorecard that provides a high level summary of performance against quality priorities, safe staffing levels, financial performance and hotspots, as well as duty of candour, inpatient deaths/SIs, etc. The scorecard is aimed at providing a triangulated approach and is an evolving process, including regular review of the way in which information is presented to ensure it is understandable.</li> <li>• Quarterly review of Board Assurance Framework (BAF) including Corporate Risk Register at Board meetings as well as by the relevant standing committees who also review the action plans. Updates also provided through the committees' assurance reports to Board. The Trusts approach to risk and the compilation of the BAF is currently under review.</li> <li>• Reviews of progress on objectives undertaken through F&amp;P Committee; risks associated with delivery are monitored by the Committee and reported through the BAF</li> <li>• Compliance Team tests compliance with regulatory requests, e.g. regular reports received in relation to CQC comprehensive inspection visit preparation and management of resultant action plan,</li> </ul>	

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>and unannounced visits</p> <ul style="list-style-type: none"> <li>• Clinical audit function tests compliance with policy and risk areas with the aim of improving care and driving up quality standards as well as testing compliance</li> <li>• Internal and external audit functions tests systems and processes through the annual audit programme; audit opinion provides assurance there is generally a sound system of internal control designed to meet the Trust's objectives (Annual Report refers)</li> <li>• All policies and procedures include 'monitoring' sections; these are reviewed and approved by the relevant Board standing committee</li> <li>• Governance Update provided via the Chairs Report to Board of Directors which provides an update on regulation, compliance guidance / policies and information issued by NHSI/E, CQC, and any other relevant authority. Action is identified as appropriate.</li> <li>• Regular reports on activities relating to CQC are presented to the Quality Committee.</li> <li>• Annual reports on various quality and statutory requirements, e.g. complaints, freedom to speak-up, infection control, safeguarding, Mental Health Act etc.</li> <li>• Any regulatory/statutory reporting requirements are implemented following self-assessment and review, e.g. safer staffing/staffing establishments, Monitor's <i>Code of Governance</i>, Fit &amp; Proper Persons, Duty of Candour, etc and updates provided to the Board</li> </ul>	
A.1.5	The Board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance.	✓	<ul style="list-style-type: none"> <li>• See A.1.4</li> <li>• The Board of Directors receive a regular Quality and Performance Scorecard for scrutiny, summarising key performance indicators and data. A comprehensive Performance Report is scrutinised at standing committee level to ensure the Board of Directors receive</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>the right information and performance data for escalation. The scorecard is flexible to ensure any new requirements or potential risks can be added to the scorecard throughout the year to ensure the Board of Directors receive the right key information to allow the performance of the organisation to be assessed.</p> <ul style="list-style-type: none"> <li>• Changes are currently being made to the Quality &amp; Performance Scorecard to bring into line with CQC requirements. In addition, a new CEO report has been introduced which complements the Quality &amp; Performance Scorecard and includes updates from the CEO the Board and operational information from Executive Directors.</li> <li>• Performance against the agreed targets is monitored monthly by the relevant standing committee (e.g. F&amp;P, Quality) as well as the Executive Team. Board is advised of any outliers that give cause for concern.</li> <li>• The indicators that are agreed by the Board are included in performance dashboards that monitor performance at inpatient ward, community team and individual consultant level.</li> <li>• A number of new reporting requirements developed throughout the year around the Covid-19 pandemic which required daily submission. This was managed by the major incident command structure with delegated authority from the Board of Directors (via the SoRD). National data was circulated to members of the command structure which included members of the Board of Directors and regular Covid-19 reports were presented at Board meetings.</li> <li>• Trust has a range of strategies and underpinning frameworks which have measurable outputs, e.g. Patient Safety Strategy, Engagement Strategy underpinned by Membership, HR &amp; Workforce, Communications, IM&amp;T.</li> </ul>	

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<ul style="list-style-type: none"> <li>A number of strategies and frameworks were completed in 2020 and new strategies will be developed as part of the reset and recovery following the Covid-19 pandemic.</li> </ul>	
<b>A.1.6</b>	The Board should report on its approach to clinical governance.	✓	<ul style="list-style-type: none"> <li>The Quality Strategy for the Trust sets-out the Trust approach to Clinical Governance.</li> <li>Quality Committee reviews Quality Strategy and approves underpinning Frameworks and identifies and monitors quality/clinical governance priorities.</li> <li>The Trust is currently in the process of developing an Accountability Framework will inform all other approaches to clinical governance. The strategy will provide a focus on empowering staff to make decisions and develop an approach to clinical governance that mirrors that adopted by the Board of Directors.</li> <li>Board governance structure includes the sub-committees (tier 2) and working groups (tier 3) of standing committees (tier 1) to ensure appropriate reporting lines. Tier 2 and Tier 3 sub-committees are currently being reviewed as part of the development of a revised governance framework.</li> <li>The Trust has recently developed a Patient Safety Strategy which ensures there is a focus on safety as a key aspect of Clinical Governance and the development of a safety first culture. The Trust is currently in the process of developing frameworks which will underpin the strategy and ensure it is delivered and measured.</li> <li>The Trust has recently approved a Patient Safety Incident Response Framework (PSIRF) which links with the approach to safety culture. The Trust is an early adopter of this framework and is linking with other organisations to share learning of its approach.</li> <li>Quality Committee terms of reference reflect the Trust's focus on quality and outcomes. It oversees the establishment of appropriate</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>systems for ensuring effective clinical governance and quality management arrangements are in place throughout the Trust; a schedule of business and annual work plan developed and monitored during the year</p> <ul style="list-style-type: none"> <li>• Quality Committee provides monthly (bi-monthly from January 2020) clinical governance assurance to Board; annual schedule of business and work plan produced. Meeting papers available on the intranet</li> <li>• Every month there is a topic / patient story for qualitative discussion at the Quality Committee. Trust Quality Priorities including ligature as an example. As the year has progressed, there has been increased prominence of the approach to the Covid-19 pandemic. These include measurable outcomes.</li> <li>• Monthly Staffing and Quality Reports received by the Board through the performance, quality and finance scorecard</li> <li>• Quality Account/Report, and Strategic Direction includes statements on approach to quality and improvement</li> <li>• Quality Improvement Framework developed and presented to Board of Directors in September 2020.</li> </ul>	
A.1.7	<p>The CEO as the accounting officer should follow the procedure set out by Monitor for advising the Board and the Council and for recording and submitting objections to decisions considered or taken by the Board in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.</p>	✓	<ul style="list-style-type: none"> <li>• CEO is fully aware of his responsibilities as accounting officer and follows the procedures as set out in the NHS FT Accounting Officer Memorandum:</li> <li>• Reports to Board on how expected outcome and goals are intended to be delivered identifying key risks and mitigation strategies</li> <li>• Updates Board on progress towards these outcomes and goals through actual and forecast results</li> <li>• Discusses with the Board all strategic projects and developments and all other matters of material interest (current or retrospective)</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>which will affect the performance of the Trust (e.g. loss of services/new service provision, system-wide and local initiatives, Covid-19 pandemic, etc)</p> <ul style="list-style-type: none"> <li>• CEO provides the briefings as outlined above and as appropriate to Governors either at a Council general meeting or through pre meeting briefing sessions, and will also hold additional briefings as required and/or requested by Governors</li> <li>• Annual Governance Statement and Statement of Directors' liabilities in Annual Report</li> <li>• The Command Structure (Gold, Silver, Bronze) established to manage the Covid-19 pandemic took a number of decisions as required to deal with the Covid-19 major incident. The Scheme of Reservation and Delegation (SoRD) was updated to ensure clear delegated authority was provided by the Board. This was presented to the Board of Directors for approval. The CEO is the overall Gold Commander as part of the structure.</li> </ul>	
A.1.8	<p>The Board should establish the constitution and standards of conduct for the Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life.</p>	<p>✓</p>	<ul style="list-style-type: none"> <li>• Trust has established vision and values and expected underpinning behaviours following consultation with staff and range of stakeholders (on website)</li> <li>• Conflict of Interest policy and procedure in place in line NHSE/I requirements. Declarations undertaken using this policy and held by the Trust Secretary, available on request and published on website. New electronic system recently established to ensure the Trust is fully in line with NHS guidance.</li> <li>• Board Directors required to declare interest at a meeting which is recorded in the minutes (as set out in the Constitution)</li> <li>• Code of Conduct for Board Members, Code of Conduct for Governors and Capability Performance Policy/Procedure based on spirit of Nolan Principles in place.</li> </ul>	<p><b>Comply/ explain</b></p>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<ul style="list-style-type: none"> <li>• Range of work re value-based recruitment and customer service standards</li> <li>• All policies and procedures, strategies and frameworks, etc are linked to the Trust's vision and values</li> <li>• OD and culture programme in place throughout the Trust for all staff</li> <li>• All staff and NED contracts include requirement to abide by Nolan Principles</li> </ul>	
A.1.9	<p>The Board should operate a code of conduct that builds on the values of the Trust and reflect high standards of probity and responsibility.</p> <p>The Board should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interest of the public or the Trust (including commercial-in-confidence matters) and make clear how potential conflicts are dealt with</p>	✓	<ul style="list-style-type: none"> <li>• Board Standing Orders includes standards of Business Conduct Policy and Code of Practice on Openness</li> <li>• CEO's feedback on Board meetings business and actions cascaded to senior management team and through CEO weekly e-brief to staff</li> <li>• Staff, Governors, members and the public can attend Board Part 1 meetings</li> <li>• Board agenda, papers and approved minutes are available on the Trust's website</li> <li>• Covid-19 Briefing circulated to staff and governors providing an update on the pandemic, including figures relating to staff sickness and Covid-19 patients. Regular staff briefing sessions (which Governors are now able to attend) providing verbal updates on any key decisions or initiatives and allowing staff to ask questions directly to the Executive Team.</li> <li>• Board agendas and part 1 papers are circulated to Council as well as approved minutes for part 1. A summary of Part 2 minutes are circulated to Council members.</li> <li>• Board complies with and responds proactively with FOI requirements.</li> <li>• Duty of Candour update provided to Board of Directors in May 2020</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>providing an annual position on Duty of Candour workstreams, including mandatory training, weekly review of moderate harm incidents to confirm if Duty of Candour criteria has been met etc.</p> <ul style="list-style-type: none"> <li>• Additional Trust policies and procedures in place, e.g. Complaints Policy and Procedure, Whistleblowing Policy and Procedure etc available on the intranet)</li> <li>• Trust keeps up to date with regulatory requirements, legislation and guidance</li> <li>• Freedom to Speak-Up Principal Guardian in place.</li> <li>• Updates provided to the Council of Governors regarding Freedom to Speak-Up following a request from Governors.</li> <li>• F2SU dedicated pages on intranet – including communication channels, etc</li> <li>• Embedded F2SU arrangements in Trust. Annual report presented to Board of Directors in May 2019 providing details of significant work undertaken and the challenges / successes. The report also includes information on future actions.</li> <li>• Range of ‘how to raise concerns’ options on the intranet including policies, “<i>Report a Concern</i>” anonymous email facility, F2SU guardians’ details, etc</li> </ul>	
<p><b>A.1.10</b></p>	<p>The Trust should arrange appropriate insurance to cover the risk of legal action against its Directors.</p> <p>Assuming Governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential liability for the Council should be negligible. Governors may have the benefit of an indemnity and/or</p>	<p>✓</p>	<ul style="list-style-type: none"> <li>• Covered by NHS Resolution Liability and Professional Liability insurance</li> <li>• All NEDs are also issued with a Deed of Indemnity by the Trust to cover the reasonable actions of the NEDs.</li> <li>• Indemnity for Governors and Directors (and Trust Secretary) included in Constitution</li> </ul>	<p><b>Comply/ explain</b></p>

Code	Provision	Comply	Trust Position	Annual Report Requirements
	insurance from the Trust. While there is no legal requirement for this, where an indemnity or insurance policy is given, this can be detailed in the Trust's constitution			
<b>A.2</b>	<b>Division of responsibilities</b>			
<b>A.2.1</b>	The division of responsibilities between the Chairperson and CEO should be clearly established, set out in writing and agreed by the Board of Directors.	✓	<ul style="list-style-type: none"> <li>Responsibilities of the Chair and CEO set-out in respective role / job descriptions.</li> <li>Report presented to April 2018 Board meeting detailing the division of responsibilities between the Chair and CEO. This will be refreshed for the new CEO.</li> </ul>	<b>Comply/ explain</b>
<b>A.2.2</b>	The roles of Chair and CEO must not be undertaken by the same individual.	✓	<ul style="list-style-type: none"> <li>Board Standing Orders precludes this option as it is a requirement for the CEO to report to the Chair; Constitution and Board Standing Orders provisions clearly identify the different roles for the Chair and CEO which if undertaken by the same individual could result in a conflict of interest</li> </ul>	<b>Statutory</b>
<b>A.3</b>	<b>The Chairperson</b>			
<b>A.3.1</b>	<p>The Chairperson should, on appointment by the Council, meet the independence criteria set out in B.1.1. (i.e. independent in character and judgement, and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement).</p> <p>A CEO should not go on to be the Chairperson of the same Trust.</p>	✓	<ul style="list-style-type: none"> <li>As detailed in the Constitution</li> <li>Register of interests (annually reviewed in Mar and updated); held by the Trust Secretary and referenced in annual report, available on request and published on website. New electronic system recently launched.</li> <li>Specified in Chair recruitment process and role description, and taken into account by the Council Nominations Committee in its appointment/reappointment process</li> <li>Test of Independence statement is required to be signed by Chair</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			annually.	
<b>A.4</b>	<b>Non-Executive Directors</b>			
<b>A.4.1</b>	In consultation with the Council, the Board should appoint one of the independent Non-Executive Directors to be the senior independent Director.	✓	<ul style="list-style-type: none"> <li>As agreed at Board and Council meetings with effect 01.12.17 Alison Davis appointed as SID. Alison Davis left the Trust on the 31 March 2021 and a new SID will be appointed as part of the appointment / re-appointment process as a number of NEDs terms of office are due to expire in July 2021.</li> <li>Council consulted re above decision at Council Remuneration and Nominations Committee and subsequently at its general meeting in Nov 17</li> <li>SID presents Chair's end of year appraisal and future objectives to Council Remuneration Committee, liaising initially for feedback with Lead Governor</li> </ul>	<b>Comply/ explain</b>
<b>A.4.2</b>	<p>The Chairperson should hold meetings with the Non-Executive Directors without the executives present.</p> <p>Led by the SID, Non-Executive Directors should meet without the Chairperson present at least annually to appraise the Chairperson's performance and on other such occasions as are deemed appropriate</p>	✓	<ul style="list-style-type: none"> <li>Regular monthly planned discussion meetings and ad hoc meetings between Chair and NEDs throughout the year (without EDs present)</li> <li>SID holds informal discussions with NEDs on a 1:1 basis regarding Chair's performance evaluation.</li> <li>Council has agreed Chair's performance process, i.e. Council Remuneration Committee evaluates the Chair's performance and provides feedback and assurance to the Council; included in Council Remuneration Committee terms of reference approved by Council</li> <li>Chair's/NEDs' performance review and appraisal process agreed by Council</li> <li>Council Remuneration Committee met in May 2020 to review Chair's performance. This was undertaken as a paper-based review due to the Covid-19 pandemic and sufficient virtual meeting software not yet being implemented. Subsequently, Microsoft Teams software</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			was implemented and therefore the process for 2020/21 reverted to face-to-face meetings via Teams.	
A.4.3	Where Directors have concerns that cannot be resolved about the running of the Trust or a proposed action, they should ensure that their concerns are recorded in the Board minutes.	✓	<ul style="list-style-type: none"> <li>Board meetings are comprehensively and accurately recorded in the minutes and include any concerns raised by Directors</li> <li>Evidence contained in minutes that Directors seek assurance relating to concerns that they may have and request further assurance or action where it is not immediately available, e.g. through the Board governance structure and relevant standing committee. Board minutes available on the website and circulated to the Council once approved for part 1. Summary of Part 2 Board discussions note that assurance is sought and actions identified.</li> </ul>	Comply/ explain
A.5	<b>Governors</b>			
A.5.1	The Council should meet sufficiently regularly to discharge its duties.	✓	<ul style="list-style-type: none"> <li>Council meets formally four times per year to discharge its duties effectively; in addition, a general meeting is combined with the AMM</li> <li>Schedule of business and dates of meetings set in advance</li> <li>Additional extraordinary meetings are held if required, i.e. if decisions required are time-bound and do not fit with the schedule of meetings, for example completing key business prior to a reduction of the Council due to elections (June 2020) and the appointment of a Non-Executive Director to the Board (December 2020 and March 2021)</li> <li>Meeting attendance monitored by Trust Secretary and Chair in the first instance to ensure meetings will be/are quorate</li> <li>Attendance of Governors is included in the minutes of Council and committee meetings. CoG Sub-Committees also monitor attendance for their specific committee meetings.</li> <li>Code of Conduct for Governors includes expectations of Governor</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>attendance at meetings.</p> <ul style="list-style-type: none"> <li>Trust Secretary monitors attendance and maintains register of attendance; attendance published in the Annual Report</li> <li>Process for monitoring and managing non-attendance approved by Council (cross-referenced to the Code of Conduct for Governors). Procedure devised to identify parameters for non-attendance and action to be taken as a result. <b>This is overseen by the CoG Governance Committee.</b></li> <li>To provide flexibility, Standing Orders for Governors allows for Governors to participate in meetings by telephone, video or computer link – this is deemed to constitute presence in person at a meeting. Microsoft Teams established to ensure Governors were able to maintain attendance as much as possible during the pandemic.</li> </ul>	
<b>A.5.2</b>	<p>The Council should not be so large as to be unwieldy.</p> <p>The Council should be of sufficient size for the requirements of its duties. The roles, structure, composition and procedures for the Council should be reviewed regularly as described in B.6.5</p>	✓	<ul style="list-style-type: none"> <li>Review of Trust’s constituency framework and composition of Council undertaken annually as part of Constitution review with consideration given to any changes to service provision, increased geographical spread and STP footprint.</li> <li>Currently 30 Governors in composition (28 currently due to two vacancies)</li> <li>Council roles, structure, composition and procedures identified in Trust’s Constitution and Standing Orders for Governors</li> <li>Council self-evaluation of effectiveness of sub-committees undertaken annually (presented to Council of Governors in December 2020. Council of Governors was satisfied that action already being taken covered the outcome of the review. Results presented to individual Sub-Committees to ensure no further action was required within the committees remit. No further action taken.</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<ul style="list-style-type: none"> <li>Governor-related processes reviewed regularly by Council Governance Committee</li> </ul>	
<b>A.5.3</b>	<p>The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.</p> <p>A record should be kept of the number of Council meetings and the attendance of individual Governors, and it should be made available to members on request.</p>	✓	<ul style="list-style-type: none"> <li>Annual report includes Governors, their constituency/organisation, if they are elected or appointed and duration of appointment</li> <li>Annual report identifies name of Lead Governor</li> <li>Governor attendance at Council meetings recorded in minutes</li> <li>TSO maintains a register of attendance and number of Council meetings</li> <li>Annual report includes the number of Council (and committee) meetings attended by Governors</li> <li>Governor attendance meetings register available on request and presented to Council of Governors on regular basis.</li> <li>Code of Conduct for Governors state expectations of Governor attendance at meetings</li> <li>Council has agreed a meeting attendance monitoring procedure</li> </ul>	<b>Supporting explanation/ reference</b>
<b>A.5.4</b>	<p>The roles and responsibilities of the Council should be set out in a written document.</p> <p>The statement should include a clear explanation of the responsibilities of the Council towards members and other stakeholders, and how Governors will seek their views and keep them informed.</p>	✓	<ul style="list-style-type: none"> <li>Council roles and responsibilities set out in Trust's Constitution and Standing Orders for Governors</li> <li>Governor information included in a guide issued to prospective / interested Governors and FAQs</li> <li>Also covered in Governor induction and newly developed Governor Induction Workbook.</li> <li>Membership Framework focuses on membership engagement and takes account of the enhanced Governor role</li> <li>Website includes arrangements for members to contact Governors</li> <li>Learning and Development plan. In place and regularly monitored</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>by the CoG Training &amp; Development Committee.</p> <ul style="list-style-type: none"> <li>• Governor updates sent out regularly to all Governors</li> <li>• Governor statement included in Annual Report</li> <li>• Governors' annual report/presentation provided at AMM in September 2020.</li> <li>• Opportunities for Governors to interface with public/members established. Your Voice meetings suspended following Covid-19 restrictions, however, virtual Your Voice: Take a Moment session held on the 9 December 2020. The meeting was well-received by those that attended and will be taken forward until public meetings are re-established.</li> </ul>	
A.5.5	<p>The Chairperson is responsible for leadership of both the Board and the Council but the Governors also have a responsibility to make the arrangements work and should take the lead in inviting the CEO to their meetings and inviting attendance by other executives and non-executives, as appropriate.</p>	<p>✓</p>	<ul style="list-style-type: none"> <li>• CEO attends all Council meetings. Directors attend Council meetings as required to present papers or as invited by Governors; Board provided with annual schedule of Council meetings (and diary invites sent)</li> <li>• Attendance by CEO and Directors at all Council meetings recorded in Council minutes</li> <li>• NEDs attendance at Council meetings included in their objectives</li> <li>• Presentations and/or reports given by Directors at Council meetings including standing agenda items (e.g. performance and quality; annual reports by NED chairs on standing committees activities ) plus additional reports as requested by Governors</li> <li>• Governors are able to raise questions of the Chair or any other Director present at a Council meeting about the affairs of the Trust; questions/answers are recorded in the minutes (available on website); The same process applies to Board meetings, however, the use of Microsoft Teams Live means that questions are submitted via a chat function during the meetings. The questions are reviewed</li> </ul>	<p><b>Comply/ explain</b></p>

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>and answered at the end of the meeting, with any missed included at the end of the minutes and subsequently answered.</p> <ul style="list-style-type: none"> <li>• Joint informal meetings of Governors and NEDs provide further opportunity for discussion and questions; meetings are, scheduled in advance and a minimum of two should take place each year.</li> <li>• Governors included in annual strategic planning arrangements. Governors have also been involved in the development of the Patient Safety Strategy for the Trust.</li> <li>• Joint Director/Governor task and finish groups are established as required, e.g. Constitution Review.</li> <li>• Constituency meetings held between NEDs and Governors. .</li> <li>• Two Joint Board / Governor Seminar Sessions held during the year. The first (October 2020) focused more on the introduction of the new CEO and his plans for the future. The second (February 2021) was more of an interactive session involving Governors in the strategic direction of the Trust.</li> </ul>	
A.5.6	<p>The Council should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board, compliance with the new provider licence or other matters related to the overall wellbeing of the Trust.</p> <p>The Council should input into the Board's appointment of a senior independent Director.</p>	✓	<p>Also see A.1.1 and A.4.1</p> <ul style="list-style-type: none"> <li>• Board and Council Standing Orders includes a section relating to the handling of disagreements between Council and Board</li> <li>• Policy and Procedure developed setting out the relationship between the Board and Council, including a section on resolving concerns or disagreements with the Board.</li> <li>• SID responsibilities are defined in Board's Standing Orders and in the role description; reference also included in the policy below</li> <li>• As agreed at Board and Council meetings with effect 01.12.17 Alison Davis appointed as SID</li> <li>• Council consulted re above decision at Council Remuneration and</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<p>Nominations Committee and subsequently at its general meeting in Nov 17</p> <ul style="list-style-type: none"> <li>• Specific section added to any new procedures developed in 2019 relating to disagreements between the Council and the Board, including reference to referring disputes to the SID.</li> </ul>	
<b>A.5.7</b>	<p>The Council should ensure its interaction and relationship with the Board is appropriate and effective.</p> <p>In particular, by agreeing availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear unambiguous language.</p>	✓	<ul style="list-style-type: none"> <li>• Procedure for circulation and publication of Council/Board agendas/papers – in line with the Trust’s SOs</li> <li>• Council agendas developed (based on annual schedule of business) and circulated to Board and Council in advance of meetings (liaison through the Chair and TSO with CEO)</li> <li>• Meetings of Chair and Lead/Deputy Lead Governors held regularly to consider future agenda items.</li> <li>• Format of meeting reflects business of the Council; briefing sessions held prior to each general Council meeting. Agenda amended in December 2020 to clearly delineate between Trust updates, Council business and strategic discussions.</li> <li>• Directors attend Council meetings as required.</li> <li>• Governors attend Board meetings</li> <li>• Procedure developed and agreed for Governors to attend Standing Committees as observers. This is being taken forward in 2021/22/</li> <li>• Glossary of terms for Governors provided to reduce language/terminology issues via report summaries.</li> <li>• Governor Learning &amp; Development Pathway includes modules to provide additional support and understanding, e.g. understanding performance data and accounts and finance sessions.</li> <li>• Included in the Council’s annual self-assessment review.</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
A.5.8	The Council should only exercise its power to remove the Chairperson or any Non-Executive Directors after exhausting all means of engagement with the Board.	✓	<ul style="list-style-type: none"> <li>• Trust's Constitution and Governors Standing Orders includes procedures for removal of the Chair/NEDs</li> <li>• This situation has not occurred within the Trust</li> </ul>	Comply/ explain
A.5.9	The Council should receive and consider other appropriate information required to enable it to discharge its duties.	✓	<ul style="list-style-type: none"> <li>• Council agenda includes standing items, e.g. CEO Report, Quality Accounts, etc</li> <li>• Task and Finish Group held in December 2020 to review information presented to the Council of Governors to reduce the amount of paperwork presented to Council meetings and therefore create room for broader strategic discussions. The group looked at whether information was available to Governors in other areas and did not formally need presenting to the Council. Any items which were duplicated elsewhere were removed or combined into an overarching CEO report, with it being made clear that Governors could request information to be provided at future meetings if they identify any concerns.</li> <li>• Governors attend Board meetings and receive agenda and papers; approved minutes for Part 1 circulated to Council. Summary of discussion for Part 2 circulated to Governors.</li> <li>• Governors receive relevant information and reports to support with consideration and decision-making, and in a timely manner, e.g.                         <ul style="list-style-type: none"> <li>- identification of quality indicator for audit and receive report from the auditors.</li> <li>- T&amp;D corporate governance statement re training and development of Governors</li> <li>- appointment/reappointment of NEDs</li> <li>- appointment of Executive Directors (CEO, ECFO, COO)</li> </ul> </li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position	Annual Report Requirements
			<ul style="list-style-type: none"> <li>- Included in the Council's annual self-assessment review</li> </ul>	
A.5.10	<p>The Council of Governors has a statutory duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.</p>	✓	<ul style="list-style-type: none"> <li>• Governors attend Board meetings and receive papers if requested; agendas circulated to Council.</li> <li>• There were some challenges to this due to Covid-19 restrictions and not being able to meet face-to-face, however, the Trust implemented Microsoft Teams and continued to provide opportunities for Governors to hold NEDs to account throughout the year including:                             <ul style="list-style-type: none"> <li>- NED/governor informal meetings (minimum 2 per year)</li> <li>- Establishment of T&amp;F Groups</li> <li>- Review of Trust's compliance with <i>Code of Governance</i></li> <li>- Prospective Governor workshops and Governor induction</li> <li>- Tea at Three with the Chair (established as a brief stop gap during the early part of the pandemic and first lockdown)</li> <li>- Local Constituency meetings.</li> <li>- Lead / Deputy Lead Governor meeting with the Chair</li> <li>- Chair of Sub-Committees meeting, facilitated by the Vice Chair.</li> </ul> </li> <li>• Governor Learning &amp; Development Pathway Module on Accountability; also overview provided at Governor Induction.</li> <li>• Governors participate in the appraisal process for NEDs. This includes asking NEDs questions based on their objectives and providing an assurance report to the Council of Governors.</li> <li>• NEDs have been allocated to individual constituencies to act as a liaison with local Governors.</li> <li>• Included in the Council's annual self-assessment review</li> </ul>	<b>Statutory</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
A.5.11	<p>The 2006 Act, as amended, gives the Council of Governors a statutory requirement to receive the following documents. These documents should be provided in the annual report as per <i>the NHS Foundation Trust Annual Reporting Manual</i>:</p> <p>(a) The annual accounts                      (b) Any report of the auditor on them; and                      (c) The annual report.</p>	✓	<ul style="list-style-type: none"> <li>The Annual Report and Accounts are provided at the Annual Members Meeting (AMM) which took place in September 2020 virtually.</li> <li>Governors are able to attend a briefing session by the ECFO on the annual accounts to provide clarity and understanding</li> </ul>	<b>Statutory</b>
A.5.12	<p>The Directors must provide Governors with an agenda prior to any meeting of the Board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of Board meetings should be exempted from being shared with the Governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.</p>	✓	<ul style="list-style-type: none"> <li>Council are emailed agendas (parts 1 and 2) prior to Board meetings as well as all part 1 papers</li> <li>Minutes of Part 1 are circulated once approved.</li> <li>A summary of Part 2 minutes is developed and circulated once approved.</li> </ul>	<b>Statutory</b>
A.5.13	<p>The Council of Governors may require one or more of the Directors to attend a meeting to obtain information about performance of the Trust's functions or the Directors' performance of their duties, and to help the Council of Governors to decide whether to propose a vote on the Trust's or Directors' performance.</p>	✓	See A.5.5	<b>Statutory</b>
A.5.14	<p>Governors have the right to refer a question to the independent panel for advising Governors. More</p>	✓	<ul style="list-style-type: none"> <li>This has not been required to date</li> </ul>	<b>Statutory</b>

Code	Provision	Comply	Trust Position	Annual Report Requirements
	<p>than 50% of Governors who vote must approve this referral. The Council should ensure dialogue with the Board of Directors takes place before considering such a referral, as it may be possible to resolve questions in this way.</p>		<ul style="list-style-type: none"> <li>Note: Feb 2017 the panel has been disbanded by NHSI</li> </ul>	
<p><b>A.5.15</b></p>	<p>Governors should use their new rights and voting powers from the 2012 Act to represent the interests of members and the public on major decisions taken by the Board of Directors:</p> <ul style="list-style-type: none"> <li>More than half of the members of the Board who vote and more than half of the members of the Council who vote to approve a change to the Trust's constitution</li> <li>More than half of Governors who vote to approve a significant transaction</li> <li>More than half of all Governors to approve an application by a Trust for a merger, acquisition, separation or dissolution</li> <li>More than half of Governors who vote, to approve any proposal to increase the proportion of the Trust's income earned from non-NHS work by 5% a year or more</li> <li>Governors to determine together whether the Trust's non-NHS work will significantly interfere with the Trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.</li> </ul>	<p>✓</p>	<ul style="list-style-type: none"> <li>Board and Council have agreed what constitutes a significant transaction and the process for involving Governors</li> <li>Significant Transactions Group not been called this year.</li> <li>New Council Procedure developed providing the definition of a Significant Transaction (as per Trust Constitution) and the process to be followed with the Council of Governors to ensure involvement.</li> <li>Constitution review took place which included reviewing the Significant Transactions section. Some minor changes made in relation to clarify the difference between a Significant Transaction and a merger, acquisition etc. which requires different voting outcomes by the Council.</li> <li>Governors Standing Orders reflect opportunity for voting by post/email to ensure all Governors are provided with the opportunity to use their vote</li> <li>Council will use their new rights and voting powers when required (taking advice from Trust Secretary), this was not used during 2020/21.</li> </ul>	<p><b>Statutory</b></p>

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**NHS FT Code of governance Feb 2014: Compliance Evidence and Actions Schedule 2020/21**

**SECTION B: EFFECTIVENESS**

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
<b>B.1</b>	<b>Composition of the Board</b>			
<b>B.1.1</b>	The Board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	✓	<ul style="list-style-type: none"> <li>Independence statement included in annual report</li> <li>All NED candidates are required to sign an Independence Statement</li> <li>Independence reviewed by both CoG Nominations and Remuneration Committees for appointments and reappointments of NEDs.</li> <li>Register of interests (annually reviewed in March and updated); held by TS, available on request and published on the Trust website. New system implemented for register of interest to be completed via an online portal.</li> <li>Declaration of interests – standing agenda item for all meetings</li> </ul>	<b>Supporting explanation/reference</b>
<b>B.1.2</b>	At least half the Board, excluding the Chairperson, should comprise non-executive directors determined by the Board to be independent.	✓	<ul style="list-style-type: none"> <li>Board membership comprises eight NEDs (including the Chair) and seven EDs (including the CEO)</li> <li>Chair of the Trust retains the casting vote in the event of an equal vote to provide Board balance (CoG Standing Orders BoD Standing Orders, AMM Standing Orders)</li> <li>All NEDs and the Chair are considered independent – declaration signed on appointment/reappointment (see B.1.1 above) and on annual basis.</li> <li>Register of interests (annually reviewed in March and</li> </ul>	<b>Comply/explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>updated); held by TS, available on request and published on website. New system implemented for register of interest to be completed via an online portal.</p> <ul style="list-style-type: none"> <li>Independence requirement specified in NED recruitment process and role description</li> </ul>	
<b>B.1.3</b>	No individual should hold, at the same time, positions of director and Governor of any NHS foundation Trust.	✓	<ul style="list-style-type: none"> <li>Details of directors and Governors included in Annual Report</li> <li>Register of interests (annually reviewed in March); held by TS, available in Trust's publication scheme/on request and published on website. New system implemented for register of interest to be completed via an online portal.</li> <li>Trust Constitution includes a provision as part of Annex 6 under eligibility to be Governor that they cannot be a Director of the Trust or any other health body.</li> </ul>	<b>Comply/ explain</b>
<b>B.1.4</b>	The Board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation Trust. Both statements should be available on the Trust's website.	✓	<ul style="list-style-type: none"> <li>Details of each director's expertise and experience included in annual report</li> <li>Details also included on Trust website</li> <li>Annual report (available on website) also includes a clear statement from the Board about its own balance, completeness and appropriateness as to the requirements of the Trust</li> </ul>	<b>Supporting explanation/ reference</b> <b>Publicly available</b>
<b>B.2</b>	<b>Appointments to the Board</b>			
<b>B.2.1</b>	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	✓	<ul style="list-style-type: none"> <li>Two committees responsible for ED appointments and NED appointments/reappointments as set out in their terms of reference                             <ul style="list-style-type: none"> <li>BoD Remuneration and Nominations Committee reviews the structure, size and composition of the BoD, considers succession planning and makes recommendations for</li> </ul> </li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>changes as appropriate; it is responsible for the ED appointment process</p> <ul style="list-style-type: none"> <li>- CoG Nominations Committee implements the procedure for the identification and nomination of suitable candidates for Chair and NEDs appointments/reappointments (for recommendation to the full Council) that fit the succession planning criteria recommended by the BoD Remuneration and Nominations Committee</li> <li>• Comprehensive minutes record discussions of both committees and Board and/or Council meetings</li> <li>• External advice will be provided as required</li> <li>• Terms of reference for both Committees available on request</li> </ul>	
<b>B.2.2</b>	Directors on the Board and Governors on the Council should meet the 'fit and proper' persons test described in the provider licence.	✓	<ul style="list-style-type: none"> <li>• Confirmation that all Board Directors have signed FPPT declarations and passed relative tests that have been put in place.</li> <li>• Fit and Proper Person Test process completed following recruitment of CEO and ECFO in 2020.</li> <li>• Disqualification provisions which reflect fit and proper persons requirements included in Constitution</li> <li>• All Board Directors have satisfactorily passed all fit and proper persons requirements</li> <li>• Declaration of interest form amended to specifically include disqualification/fit and proper persons requirements as described in the provider licence for Governors.</li> </ul>	<b>Comply/ explain</b>
<b>B.2.3</b>	The nominations committee(s) should regularly review the structure, size and composition of the Board and make recommendations for changes where appropriate.	✓	<ul style="list-style-type: none"> <li>• See B.2.1</li> <li>• Significant leadership changes within the Board of Directors took place in 2020 (CEO, ECFO, COO) which led to some changes in portfolios. In addition, portfolio of Executive</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>Director of Strategy &amp; Transformation revised to reflect responsibilities relating to the upcoming internal inquiry.</p> <ul style="list-style-type: none"> <li>• Structure changes currently being reviewed as part of overall review of Trust governance structures and the development of an accountability framework.</li> <li>• Overview procedure for the recruitment and appointment of EDs and NEDs in place</li> <li>• Procedure for the recruitment of Chairs / NEDs developed for appointments in 2020/21. This will be used as a framework for future recruitment, but amended for each recruitment process to reflect the context at the time.</li> <li>• Comprehensive minutes record discussions of both committees and Board and Council meetings.</li> </ul>	
B.2.4	<p>The Chairperson or an independent non-executive director should Chair the nominations committee(s).  <i>Note July 2014 addition: At the discretion of the committee, a Governor can Chair the committee in the case of the appointments of Non-Executive Directors or the Chairman.</i></p>	✓	<ul style="list-style-type: none"> <li>• Committee membership set out in terms of reference (Trust Chair Chairs both)</li> <li>• CoG and BoD Nominations and Remuneration Committees' terms of reference, reflecting regulation and best practice</li> <li>• CoG and BoD Nominations and Remuneration Committees' terms of reference reviewed annually.</li> <li>• Lead Governor Chairs meeting when discussing Trust Chair's appointment/reappointment. This took place in 2020/21 during discussions regarding the re-appointment of the Chair.</li> </ul>	<b>Comply/ explain</b>
B.2.5	<p>The Governors should agree with the nominations committee a clear process for the nomination of a new Chairperson and non-executive directors.</p>	✓	<ul style="list-style-type: none"> <li>• Procedure for the recruitment of Chairs / NEDs developed for appointments in 2020/21. This will be used as a framework for future recruitment, but amended for each recruitment process to reflect the context at the time</li> <li>• CoG and BoD Nominations and Remuneration Committees have clear terms of reference</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<ul style="list-style-type: none"> <li>Recommendations for appointment made to CoG by CoG Nominations Committee</li> </ul>	
<b>B.2.6</b>	Where a Trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of Governors.	✓	<ul style="list-style-type: none"> <li>CoG Nominations Committee responsible for the appointment of the Chair and NEDs consists of the Chair of the Trust and Governors (in the majority)</li> <li>Details of membership included in terms of reference</li> <li>CoG Nominations and Remuneration Committees' terms of reference reviewed as part of Council's Governance Review and agreed as effective and fit for purpose, reflecting regulation and best practice.</li> </ul>	<b>Comply/ explain</b>
<b>B.2.7</b>	When considering the appointment of non-executive directors, the Council should take into account the views of the Board and the nominations committee on the qualifications, skills and experience required for each position.	✓	<ul style="list-style-type: none"> <li>Arrangements in place between the BoD Remuneration and Nominations Committee and CoG Nominations Committee to ensure there is a dialogue between the two Committees (as detailed in terms of reference, for continuity Chair of the Trust is Chair of both committees)</li> <li>In preparation for NED reappointment / appointment processes, CoG Nominations Committee would meet to consider NED succession planning and receive a report on the views and recommendations of the BoD Remuneration and Nominations Committee on the qualifications, skills and expertise required that took account of the critical needs of the Trust, balanced against future skills and expertise and the requirement to ensure stability and taking account of Trust's business needs.</li> <li>This took place in 2020/21 with a skills / experience matrix presented to the CoG Nominations Committee by the Chair of the Trust mapping the each NED to the desired criteria for the Board of Directors. The matrix identified any gaps or "lighter" areas where the Nominations Committee could focus recruitment.</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
B.2.8	The annual report should describe the process followed by the Council in relation to appointments of the Chairperson and non-executive directors.	✓	<ul style="list-style-type: none"> <li>Annual report has / will include a description of the process for the Chair and NEDs' appointments as required.</li> </ul>	Comply/ explain
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	✓	<ul style="list-style-type: none"> <li>BoD or CoG Nominations and Remuneration Committees do not include independent external advisers on their membership</li> <li>Committee membership included in terms of reference</li> <li>Independent external advisers are invited to meetings on an as and when required basis to provide guidance and advice; they do not attend in a voting capacity</li> <li>During 2020/21 individuals from Harvey Nash attended Committee meetings to provide external advice on the recruitment processes taking place. The individuals were not members of the Committee and did not exercise a vote.</li> </ul>	Comply/ explain
B.2.10	The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	✓	<ul style="list-style-type: none"> <li>BoD and CoG Nominations and Remuneration Committees terms of reference available on request</li> <li>Annual report describes the work of the Nominations and Remuneration Committees and the process followed in relation to Board appointments</li> </ul>	Publicly available
B.2.11	It is a requirement of the 2006 Act that the Chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the Chairperson, the other non-executive directors	✓	<ul style="list-style-type: none"> <li>As detailed in BoD Nominations and Remuneration Committee terms of reference</li> <li>The BoD Remuneration &amp; Nominations Committee managed the recruitment processes for the CEO, ECFO and COO with regular updates provided to the Committee on the recruitment process. The Committee met following each interview panel to consider and approve the recommendation of the panel.</li> </ul>	Statutory

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	and, except in the case of the appointment of a chief executive, the chief executive.			
<b>B.2.12</b>	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the Council of Governors.	✓	<ul style="list-style-type: none"> <li>• As detailed in BoD Remuneration and Nominations Committee terms of reference</li> <li>• Constitution provides for the CEO to be appointed and removed by NEDs, with the appointment being approved the majority of members of CoG present and voting at a general meeting.</li> <li>• Procedure in place setting-out the process for Governor involvement in the process and process for the Council to approve the appointment. The procedure sets-out the minimum requirement and the actual process may change in agreement with the Council.</li> <li>• The appointment of the CEO was approved by the Council of Governors in April 2020 using a written resolution process due to the Covid-19 pandemic restrictions preventing a formal meeting taking place.</li> </ul>	<b>Statutory</b>
<b>B.2.13</b>	The Governors are responsible at a general meeting for the appointment, re-appointment and removal of the Chairperson and the other non-executive directors.	✓	<ul style="list-style-type: none"> <li>• Procedure for the recruitment of Chairs / NEDs developed for appointments in 2020/21. This will be used as a framework for future recruitment, but amended for each recruitment process to reflect the context at the time</li> <li>• Standing Orders For The Council Of Governors clearly states in its general duties that the Council is responsible for the appointment and removal of the Chair and Non-Executive Directors.</li> <li>• CoG Nominations and Remuneration Committees have clear terms of reference</li> <li>• Recommendations made to CoG by CoG Nominations Committee for appointment of NEDs and are recorded in</li> </ul>	<b>Statutory</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>minutes.</p> <ul style="list-style-type: none"> <li>• Re-appointment of the Chair process undertaken in 2020/21 managed by the CoG Nominations Committee and approved by the Council of Governors,</li> <li>• Appointment of Non-Executive Directors undertaken in 2020/21 managed by the CoG Nominations Committee and approved by the Council of Governors.</li> </ul>	
<b>B3.3</b>	<b>Commitment</b>			
<b>B.3.1</b>	<p>A Chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.</p> <p>No individual simultaneously whilst being a Chair of a Trust should be the substantive Chair of another Trust.</p>	✓	<ul style="list-style-type: none"> <li>• Process is identified in CoG Nominations Committee terms of reference</li> <li>• The Chair has a role description which defines time commitment and includes person specification</li> <li>• Chair appointment recommendation to CoG would identify any significant commitments if applicable (part of the recruitment process)</li> <li>• Current Chair is not a Chair of another Trust</li> <li>• Chair's commitments included in the Annual Report</li> <li>• Chair is required to declare any interests at Board and/or Council meetings</li> <li>• Chair's interests also included in the register of interests which is updated annually, on request and published on the website. New system implemented for register of interest to be completed via an online portal.</li> </ul>	<b>Supporting explanation/reference</b>
<b>B.3.2</b>	<p>The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will</p>	✓	<ul style="list-style-type: none"> <li>• NEDs' terms and conditions included with letter of appointment</li> <li>• NED application pack includes explicit information regarding time commitment requirements and asks for confirmation of</li> </ul>	<b>Publicly available</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	<p>have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the council of governors should be informed of subsequent changes.</p>		<p>ability to meet time commitment and disclosure of interests</p> <ul style="list-style-type: none"> <li>• Declarations of interest required as set out in the constitution and also Fit &amp; Proper Persons Test and annual declarations of interest (see B.2.2 above)</li> <li>• Other significant commitments on the part of those recommended as a NED are disclosed to Governors prior to appointment and when there are any significant changes</li> </ul>	
<b>B.3.3</b>	<p>The Board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation Trust or another organisation of comparable size and complexity.</p>	✓	<p>See B.1.3 above</p> <ul style="list-style-type: none"> <li>• Taking account of the changing NHS local landscape and the requirement for more integrated working the constitution provides for a director being a director of another NHS Trust or FT to provide the opportunity for buddying arrangements/ cooperative working and enabling maximum flexibility. Changes made on recommendation by Hempsons, Trust's legal advisers</li> <li>• No full-time ED currently holds more than one non-executive directorship of another Trust or other such organisation</li> <li>• Evidenced in register of interests which is updated annually</li> </ul>	<b>Comply/ explain</b>
<b>B.4</b>	<b>Development</b>			
<b>B.4.1</b>	<p>The Chairperson should ensure that new directors and Governors receive a full and tailored induction on joining the Board or Council.</p> <p>As part of this directors should seek out opportunities to engage with stakeholders, including patients, clinicians and other staff. Directors should also have access to training courses and/or materials that are consistent with their individual and collective development programme.</p>	✓	<p><b>Director induction</b></p> <ul style="list-style-type: none"> <li>• NED induction is included in NED's objectives and is monitored and reviewed by Chair</li> <li>• NED and ED induction programme and information pack reviewed and updated in line with good practice; induction programme is tailored to the Director's requirements based on skills and experience</li> <li>• All Directors new to the NED role completed the NED</li> </ul>	<b>Check – no reference in Code.</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>induction programme</p> <ul style="list-style-type: none"> <li>• NEDs encouraged to attend relevant briefings and conferences organised by NHS Providers and other national NHS-related organisations, and provide feedback at the NEDs Discussion Group meeting</li> <li>• EDs go through corporate induction training programme; additional induction and ongoing training requirements will be identified relevant to role. EDs induction is managed through the Trust's Supervision and Appraisal Policy and Procedure.</li> <li>• EDs are given a 6-month probationary period following commencement with the Trust. Objectives are set for achievement within this probationary period and these are formally reviewed at the end of the probationary period. The outcome of the review is provided to the BoD RemNom Committee.</li> <li>• Handover arrangements for the CEO / ECFO presented to the BoD Remuneration Committee, including elements of induction.</li> <li>• Induction process underway for two new NEDs recently appointed to the Board of Directors.</li> </ul> <p><b>Governor induction</b></p> <ul style="list-style-type: none"> <li>• Governor induction programme reviewed and included as part of the Governor Learning &amp; Development Schedule and regularly updated taking account of good practice and relevance to the Trust</li> <li>• Revised Induction Programme implemented in September 2020 which considered delivering an induction programme virtually due to Covid-19 restrictions.</li> <li>• The programme consisted of a Governor Induction Handbook based on documents developed by NHS Providers and</li> </ul>	

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>shorter individual induction sessions to ensure Governors concentration could be maintained during a virtual session.</p> <ul style="list-style-type: none"> <li>• Feedback forms circulated following the induction programme which received positive responses. Comments made have been developed into a plan and will be overseen by the CoG Training &amp; Development Committee for future programmes.</li> <li>• Individual induction sessions held with new Governors joining the Trust throughout the year due to Governor resignations.</li> <li>• There have been a number of Governors appointed in 2019/20 throughout the year, including following elections in June 2019 and due to Governor resignations.</li> <li>• Meetings held with the Chair for new Governors (by constituency) to discuss expectations and answer any questions from new Governors on the role.</li> </ul>	
B.4.2	The Chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the Board.	✓	<ul style="list-style-type: none"> <li>• BoD has previously undertaken an annual evaluation of its performance from an external (Deloitte well-led review) perspective. These processes would potentially identify collective development requirements. External consultancy company currently undertaking ongoing development with the Board of Directors following changes in leadership.</li> <li>• Directors individual appraisal and performance evaluations undertaken annually with six monthly reviews</li> <li>• Directors have individual personal objectives and professional/personal development plans</li> <li>• Directors have access to training courses/materials as identified in their individual personal development plan</li> <li>• BoD Remuneration and Nominations Committee receives annual assurance report from the CEO on Directors' performance and file copy of appraisal/performance reviews</li> </ul>	No reference in Code.

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>are kept in Chair's office</p> <ul style="list-style-type: none"> <li>• NEDs personal development objectives received by CoG Remuneration Committee as part of review/assurance of NEDs' performance</li> <li>• BoD development programmes and seminar sessions as identified through annual BoD evaluation and in response to need</li> <li>• A process for the Chair to review and agree with Directors their training and development needs as they relate to their role on the Board in place with assurance reports provided to BoD Remuneration and Nominations Committee annually.</li> </ul>	
<b>B.4.3</b>	The Board has a duty to take steps to ensure that Governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	✓	<ul style="list-style-type: none"> <li>• Learning &amp; Development programme developed using pre-existing pathways and plans. The programme identifies all the ways Governors undertake learning, including through sessions, presentations, service visits and shared learning with each other.</li> <li>• The Council of Governors provide a detailed statement as part of the NHSE/I self-certification process that confirms Governors have received sufficient learning and training over the previous year. The Chair of the CoG Training &amp; Development Committee develops the statement, which is submitted to the Council and provided to the Board of Directors to support the self-certification.</li> <li>• CoG Training &amp; Development Committee monitors and takes forward Governors' training requirements.</li> <li>• Briefing sessions on particular issues organised for Governors during 2020/21 to enhance knowledge and understanding (eg staff engagement, transition between services, understanding performance data)</li> </ul>	<b>Statutory</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
<b>B.5</b>	<b>Information and support</b>			
<b>B.5.1</b>	The Board and the Council should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	✓	<ul style="list-style-type: none"> <li>• Comprehensive reports and executive summaries (including detailed appendices) circulated prior to each BoD and CoG meetings, as well as Committee meetings. Standardised approach for all meetings. Information available on website/intranet</li> <li>• Annual meeting business schedule in place for BoD and CoG</li> <li>• All BoD and CoG standing committees have developed a work plan and progress against the plan is regularly monitored</li> <li>• Circulation of papers requirements detailed in BoD and CoG standing orders</li> <li>• Procedure for circulation of BoD papers to Governors established</li> <li>• Directors and Governors able to request information as necessary, e.g. presentations have been arranged at CoG meetings, e.g. bullying and harassment, freedom to speak-up</li> <li>• Informal confidential briefings prior to each CoG meeting by the CEO</li> <li>• Governor Updates distributed regularly to all Governors</li> <li>• Governor information portal established which provides historical information for Governors to access.</li> <li>• The well-led review completed by Deloitte reviewed the information received by the Board of Directors. The review was satisfied with the information received by BoD and identified actions to enhance / strengthen the information. These actions have been implemented.</li> </ul>	<b>Comply/ explain</b>
<b>B.5.2</b>	The Board and in particular non-executive directors	✓	<ul style="list-style-type: none"> <li>• NEDs have the opportunity at Board meetings and sub-</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	<p>may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the Board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.</p>		<p>committee meetings to challenge as well as at Board Development Sessions</p> <ul style="list-style-type: none"> <li>• All Board sub-committees have NED representation and are Chaired by a NED</li> <li>• Advice will be sought from relevant adviser if required as detailed in terms of reference</li> <li>• BoD Remuneration and Nominations Committee can request attendance as appropriate by the Executive Director of People &amp; Culture (or their Deputy) to provide support and advice</li> <li>• Any such challenges are recorded in the minutes</li> </ul>	
<b>B.5.3</b>	<p>The Board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the Trust's expense, where they judge it necessary to discharge their responsibilities as directors.</p>	✓	<ul style="list-style-type: none"> <li>• Independent professional advice is made available at the Trust's expense to directors in respect of critical or significant activities, e.g. audit, Mental Health Act Managers, legal advisors, other specialist advisors</li> <li>• Appointment of advisers in relation to significant transactions is approved by the Board and the process scrutinised by the Audit Committee</li> <li>• BoD Committees are provided with support as identified in their terms of reference</li> <li>• BoD Remuneration and Nominations Committee may, at the Trust's expense, appoint independent consultants or commission independent professional advice if considered necessary (included in terms of reference)</li> </ul>	<b>Comply/ explain</b>
<b>B.5.4</b>	<p>Committees should be provided with sufficient resources to undertake their duties.</p> <p>Board should also ensure that the Council of Governors is provided with sufficient resources to undertake its duties with such arrangements agreed</p>	✓	<ul style="list-style-type: none"> <li>• BoD Committees are provided with support as identified in their terms of reference</li> <li>• BoD Remuneration and Nominations Committee may, at the Trust's expense, appoint independent consultants or commission independent professional advice if considered necessary (included in terms of reference); this committee is</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	in advance		also supported by the Trust Secretary <ul style="list-style-type: none"> <li>• All Council meetings and committee meetings are supported directly by the Trust Secretary's Office</li> <li>• TSO also provides day to day support to Governors including regular communications and updates, advice, managing queries, etc.</li> </ul>	
<b>B.5.5</b>	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the Board, in particular making full use of their skills and experience. They should expect and apply similar standards of care and quality in their role as a non-executive director of an FT as they would in other similar roles.	✓	<ul style="list-style-type: none"> <li>• NEDs have the opportunity at Board meetings and sub-committee meetings to challenge and/or to request 1:1 meetings with EDs to seek further clarification/assurance</li> <li>• All Board sub-committees have NED representation and are Chaired by a NED</li> <li>• Any such challenges are recorded in the minutes</li> <li>• NED skills balance considered in succession planning</li> </ul>	<b>No reference in Code.</b>
<b>B.5.6</b>	Governors should canvas the opinion of the Trust's members and the public, and for appointed Governors the body they represent, on the NHS foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	✓	<ul style="list-style-type: none"> <li>• Public and members meetings (Your Voice) held in constituencies. These have been disrupted by restrictions during the Covid-19 pandemic.</li> <li>• Various other Trust organised events which Governors can attend, e.g. stakeholder planning meetings are held where views can be gathered/information shared. This has opened up during the pandemic to include virtual meetings attended by staff, including weekly executive briefing, MHA white paper consultation etc.</li> <li>• Governors invited to participate in discussions regarding future strategy, such as the patient safety strategy and Board Seminar Session which considered the future strategy of the Trust. In addition, room has been made on the CoG Agenda for more strategic discussions where Governors can feed member views.</li> </ul>	<b>Supporting explanation/reference</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<ul style="list-style-type: none"> <li>Membership Framework and action plan in place for 2018/2021 – monitored by the Membership Committee.</li> <li>Annual report outlines how Governors have ‘canvassed’ members/public</li> </ul>	
<b>B.5.7</b>	Where appropriate, the Board of directors should take account of the views of the Council of Governors on the forward plan in a timely manner and communicate to the Council where their views have been incorporated in the Trust’s plans and, if not, the reasons for this.	✓	<ul style="list-style-type: none"> <li>This provision has been significantly impacted by the Covid-19 pandemic which meant there was a greater focus on dealing with the pandemic and mass vaccination programme, as opposed to developing significant forward plans.</li> <li>However, Governors involved in a Governor Roundtable Discussion in December 2020 to be involved in the development of the Patient Safety Strategy developed by the Trust. The strategy provides a significant focus for the Trust for forward plans to which Governor have been directly involved. Report presented to the Council in February 2021 detailed the contribution of Governors.</li> <li>Joint Board Seminar Session held in February 2021 where Governor views were sought for the Trusts future strategy in relation to reset and recovery following the pandemic, including the safety strategy and development of an accountability framework.</li> </ul>	<b>Check – no reference in Code.</b>
<b>B.5.8</b>	The Board of directors must have regard for the views of the Council of Governors on the NHS foundation Trust’s forward plan.	✓	Covered under B.5.6 and B.5.7	<b>Statutory</b>
<b>B.6</b>	<b>Evaluation</b>			
<b>B.6.1</b>	The Board of directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the Chairperson, has been conducted.	✓	<ul style="list-style-type: none"> <li>Annual report outlined how Board performance and its committees evaluation has been conducted</li> <li>Annual report outlines how directors and Chair performance evaluation has been conducted.</li> </ul>	<b>Supporting explanation/reference</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<ul style="list-style-type: none"> <li>The Deloitte Well-Led Review and CQC Well-Led inspection reviewed how the Board of Directors discharged this responsibility. The focus in 2020/21 was implementing the action plan following the well-led reviews. The well-led self-assessment is underway and a more comprehensive well-led review will take place in 2021-22.</li> </ul>	
<b>B.6.2</b>	Where an external facilitator is used for reviews of governance, they would be identified and a statement made as to whether they have any other connection with the Trust.	✓	<ul style="list-style-type: none"> <li>No External Reviews of governance took place in 2020-21.</li> </ul>	<b>Supporting explanation/reference</b>
<b>B.6.3</b>	The senior independent director should lead the performance evaluation of the Chairperson within a framework agreed by the Council and taking into account the views of directors and Governors.	✓	<ul style="list-style-type: none"> <li>Performance evaluation framework approved by Council and using NHSE/I guidance.</li> <li>SID holds informal discussions with NEDs on a 1:1 basis regarding Chair's performance evaluation</li> <li>Feedback on the Chair gathered using an Evalu8 online portal which allowed Governors to anonymously score the Chair based on the NHSE/I guidance and provide free-text comments on positive / opportunities for the Chair.</li> <li>SID presents the report to the CoG Remuneration Committee who evaluates the Chair's performance and provides feedback and assurance to the Council.</li> </ul>	<b>Comply/explain</b>
<b>B.6.4</b>	The Chairperson, with assistance of the Board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as Board members.	✓	<ul style="list-style-type: none"> <li>NEDs' performance review and appraisal process and Board evaluation outcomes are used by Chair to identify and agree individual and collective professional development requirements</li> <li>Requirements also reviewed at NEDs discussion meetings</li> <li>Training also provided through BoD Development Sessions, e.g. risk management</li> </ul>	<b>Comply/explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
<b>B.6.5</b>	<p>Led by the Chairperson, the Council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities including impact and effectiveness on:</p> <ul style="list-style-type: none"> <li>• Holding non-executive directors individually and collectively to account for the performance of the Board</li> <li>• Communicating with member constituencies and the public and transmitting their views to the Board</li> <li>• Contributing to the development of forward plans of the Trust.</li> </ul>	✓	<ul style="list-style-type: none"> <li>• Annual efficacy review of CoG sub-committees undertaken by interim Trust Secretary in October – November 2020 and presented to Council of Governors Committee in December 2020</li> <li>• Council of Governors and its sub-committees considered the outcome and agreed that work being undertaken by the Trust covered any potential recommendations.</li> <li>• Governors report/statement included in annual report</li> <li>• Governors statement in Quality Account/Report for 2019/20</li> <li>• Lead Governor end of year presentation at AMM</li> <li>• Your Voice public/member meetings held; providing opportunity for feedback by Governors</li> <li>• Governor/member/public feedback loop procedure implemented</li> <li>• CoG assurance cover report includes provides opportunity to identify how the content of the report links to Governors statutory duties.</li> </ul>	<b>Comply/ explain</b>
<b>B.6.6</b>	<p>There should be a clear policy and a fair process, agreed and adopted by the Council, for the removal from the Council of any Governor who consistently and unjustifiably fails to attend the meetings of the Council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.</p>	✓	<ul style="list-style-type: none"> <li>• Constitution sets out the arrangements for the removal of a Governor from the Council</li> <li>• Council approved process for removal of Governor who consistently and unjustifiably fails to attend Council meetings</li> <li>• Code of Conduct for Governors sets out meeting attendance requirements</li> <li>• TSO maintains a register of Governors' attendance at all Governor-related meetings</li> <li>• Governor attendance at general meetings record reviewed quarterly by TSO and Chair, and at CoG Governance</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>Committee</p> <ul style="list-style-type: none"> <li>Requirement to attend Council meetings strengthened/made clearer in information provided to prospective Governors to manage expectations</li> <li>Procedure developed to provide definition of regular non-attendance and process to be followed should this happen.</li> </ul>	
<b>B.7</b>	<b>Reappointment of directors and re-election of Governors</b>			
<b>B.7.1</b>	<p>In the case of re-appointment of non-executive directors, the Chairperson should confirm to the Governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.</p> <p>Any term beyond six years for a non-executive director should be subject to particularly rigorous review and should take account of the need for progressive refreshing of the Board. Non-executive directors may, in exceptional circumstances, serve longer than six years, but this should be subject to annual reappointment.</p>	✓	<ul style="list-style-type: none"> <li>Constitution states terms of office and reappointment arrangements of Chair and NEDs by CoG (Board of Directors Standing Orders - Annex 8). Includes particular reference to third term of office: <i>NEDs may in exceptional circumstances serve longer than six years subject to annual re-appointment and subject to external competition if recommended by BoD and approved by CoG</i>; Trust legal advisers confirmed this is in line with regulatory requirements</li> <li>NEDs are appointed by CoG for a specified term of no more than three years each; any reappointment is subject to a satisfactory performance evaluation carried out in line with robust annual review process agreed by CoG. This is evidenced by the appointment of two NEDs in 2020/21.</li> <li>Additional provision developed for all new appointments to complete a review of performance after one-year to ensure the Council is satisfied for the NED to complete their full term in office.</li> <li>CoG Remunerations Committee is responsible for the performance evaluation of the Chair and NEDs as set out in terms of reference</li> <li>Additional rigour will be applied to reviewing performance of</li> </ul>	<b>Available to Governors</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<p>NEDs who are serving more than two terms of office</p> <ul style="list-style-type: none"> <li>• CoG Nominations Committee responsible for the NED recruitment and re-appointment process as set out in terms of reference</li> <li>• CoG Nominations Committee will receive reports on the performance of NEDs whose terms of office are due for review</li> </ul>	
<b>B.7.2</b>	<p>The names of Governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.</p>	✓	<ul style="list-style-type: none"> <li>• Constitution provides for elections every three years for public and staff Governors.</li> <li>• Election programme managed by the Trust and administered by CIVICA (formerly known as Electoral Reform Services)</li> <li>• Nomination statements are included on the Trust's website and in election material, and in future elections will include meeting attendance records of Governors seeking re-election</li> </ul>	<b>Available to members</b>
<b>B.7.3</b>	<p>Approval by the Council of Governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the Chairperson and non-executive directors. All other executive directors should be appointed by a committee of the chief executive, the Chairperson and non-executive directors.</p>	✓	<p>Covered under:</p> <ul style="list-style-type: none"> <li>• B.2.1</li> <li>• B.2.12</li> </ul>	<b>Statutory</b>
<b>B.7.4</b>	<p>Non-executive directors, including the Chairperson should be appointed by the Council of Governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.</p>	✓	<p>Covered under:</p> <ul style="list-style-type: none"> <li>• B.2.5</li> <li>• B.2.6</li> <li>• B.2.7</li> <li>• B.3.1</li> </ul>	<b>Statutory</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
B.7.5	Elected Governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	✓	Covered under B.7.2	Statutory
<b>B.8</b>	<b>Resignation of directors</b>			
B.8.1	The remuneration committee should not agree to an executive member of the Board leaving the employment of an NHS foundation Trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the Board first having completed and approved a full risk assessment.	✓	<ul style="list-style-type: none"> <li>To date no EDs have left the Trust outside of the terms of their employment contract.</li> </ul>	Comply/ explain

## ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

## NHS FT Code of governance Feb 2014: Compliance Evidence and Actions Schedule 2020/21

## SECTION C: ACCOUNTABILITY

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
<b>C.1</b>	<b>Financial, quality and operational reporting</b>			
<b>C.1.1</b>	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	✓	Annual report includes explanation of Directors' responsibility for preparing accounts and includes a statement by the auditors about their reporting responsibilities, as well as Directors approach to quality governance	<b>Supporting explanation/reference</b>
<b>C.1.2</b>	The Directors should report that the trust is a going concern with supporting assumptions or qualifications as necessary.	✓	Annual report contains a statement from Directors that the Trust is a going concern. This is duly considered by the Audit Committee and Executive Operational Committee, in advance of the Board decision.	<b>Comply/explain</b>
<b>C.1.3</b>	At least annually and in a timely manner, the Board should set out clearly its financial, quality and operating objectives for the trust and disclose sufficient information, both quantitative and qualitative, of the trust's business and operation, including clinical outcome data, to allow members	✓	Objectives for 2020/21 developed in March 2020 prior to the Covid-19 pandemic. These were subsequently revised in June 2020 to consider the impact of the pandemic and its continued impact throughout the rest of the year. The Corporate Objectives have been kept under review as part of the leadership changes to ensure new corporate objectives for 2021/22 consider the reset-	<b>Comply/explain</b>

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
	and Governors to evaluate its performance.		<p>recovery element of the pandemic.</p> <p>Annual report contains objectives and evaluates progress</p> <p>Trust's operational plan, strategic objectives and annual report are available on the Trust's website</p> <p>Annual report and accounts for 2020/21 will be presented at the AMM in September 2021;</p> <p>Performance, quality and financial assurance reports presented at monthly BoD meetings and quarterly CoG meetings; papers available on the Trust's website</p> <p>A performance quality and finance scorecard provides a high level summary of performance against quality priorities, safe staffing levels, financial performance and hotspots, as well as duty of candour, inpatient deaths/SIs, etc</p> <p>Annual briefing to Governors by ECFO on annual accounts</p>	
C.1.4	<p>(a) The Board must notify Monitor and the Council of Governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.</p> <p>(b) The Board must notify Monitor and the Council of Governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is</p>	✓	<p>BoD is aware that any major new developments and significant changes which may lead to a substantial change to the financial well-being, healthcare delivery performance, quality or reputation and standing of the trust should be brought to NHSI's attention and to the CoG, e.g. police investigation, HSE investigation, CQC reports.</p> <p>CoG advised through briefing sessions with CEO, direct correspondence from CEO and/or Chair as part of the wider communications plans (see above bullet point). Special Briefing sessions have also been held where incidents have taken place which may affect items identified above or become public to ensure Governors are informed in advance.</p> <p>Regular performance review meetings NHSE/I</p> <p>Performance and finance updates presented at part 1 Board meetings in public and to CoG quarterly general meetings (see</p>	Comply/ explain

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
	<p>not public knowledge concerning a material change in:</p> <ul style="list-style-type: none"> <li>• The trust's financial condition;</li> <li>• The performance of its business; and/or</li> <li>• The trust's expectations as to its performance which if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the trust.</li> </ul>		C.1.3 above)	
<b>C.2</b>	<b>Risk management and internal control</b>			
<b>C.2.1</b>	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	✓	An annual review of effectiveness of the Trust's system of internal control is undertaken by internal auditors and is reported by the CEO to the Audit Committee as part of the Annual Governance Review.	<b>Supporting explanation/reference</b>
<b>C.2.2</b>	<p>A trust should disclose in the annual report:</p> <p>(a) If it has an internal audit function, how the function is structured and what role it performs; or</p> <p>(b) If it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.</p>	✓	Statement on internal audit function included in the annual report and accounts for the year.	<b>Supporting explanation/reference</b>
<b>C.3</b>	<b>Audit committee and auditors</b>			
<b>C.3.1</b>	The Board should establish an audit committee composed of at least three members who are all independent non-executive Directors.	✓	<p>Audit Committee's terms of reference includes membership of 4 NED's, with membership detailed in the annual report</p> <p>Janet Wood, NED and current chair of Audit Committee has relevant recent financial experience; she has a business and</p>	<b>Comply/explain</b>

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
			<p>accountancy degree, is a member of the Institute of Chartered Accountants (Scotland), and has had a successful career as an NHS accountant</p> <p>If NED vacancy requires Audit Committee membership and, in particular, the role of chair of the committee, the role description and advertisement will specifically include financial experience requirement (NED recruitment pack).</p> <p>Skills and Experiences Matrix developed for appointment / re-appointment of NEDs contains a Finance requirement to ensure that there is always a NED with financial experience / knowledge when considering appointments / re-appointments.</p>	
<b>C.3.2</b>	<p>The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The Council of Governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly.</p>	✓	<p>Audit Committee terms of reference describes the roles and delegated responsibilities of the Committee</p> <p>Terms of reference reviewed March 2021 and sent to Council of Governors for comments</p> <p>Terms of reference are reviewed annually taking account of any legal and/or regulatory requirements.</p> <p>Audit Committee ToR published on the Trust website.</p>	<b>Publicly available</b>
<b>C.3.3</b>	<p>The Council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.</p>	✓	<p>The constitution CoG approves the appointment/ reappointment /removal of the trust's external auditors at a general meeting.</p> <p>Review of appointment/reappointment/removal criteria undertaken in joint working group established as required. There has been no requirement for market testing for auditors in 2020/21. A new procedure has been developed setting-out the Council of Governors role in the external audit process-which was approved by the Council of Governors.</p> <p>An annual review is undertaken each year and presented to the CoG to help form their decision to reappoint for a further 12</p>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
			months.	
C.3.4	The audit committee should make a report to the Council of Governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable Council to consider whether or not to re-appoint them. The audit committee should also make recommendation to the Council about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor	✓	The CoG received an update on the current auditors performance in September 2020. The CoG agreed to a re-appointment for a further year. The AMM in September 2020 (in respect of the 2020/21 financial year) received a presentation from the External Auditors on the work undertaken during the year.	<b>No reference in Code.</b>
C.3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	✓	There has not been an occasion when the CoG has not accepted the Audit Committee's recommendations. It has therefore not been necessary to include any explanation in the annual report.  The Council of Governors role in the process has been outlined in the new procedure as outlined in C3.3.	<b>Supporting explanation/reference</b>
C.3.6	The trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	✓	In August 2017 the Trust awarded a contract for the provision of External Audit services to Ernst & Young. This was the result of a comprehensive market testing exercise. The contract was for an initial 12 month period renewable every twelve months and allows for the auditors strong understanding of the finances, operations and forward plans of the trust.  Each year an annual review of external audit services is undertaken and considered by the Audit Committee. A recommendation is then made to the Council of Governors around their potential reappointment (up to the maximum length of the contract of 5 years).	<b>Comply/explain</b>

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
C.3.7	When the Council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	✓	This situation has not occurred but due process would be followed as necessary. The newly developed procedure has referred to in C3.3 incorporates this.	Comply/ explain
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	✓	<p>The Audit Committee terms of reference include the requirement to <i>'review the adequacy of arrangements by which staff of the Trust may raise, in confidence concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters'</i></p> <p>Counter fraud included in Audit Committee's terms of reference</p> <p>Audit Committee receives regular updates from the trust's Local Counter Fraud Specialist (LCFS) and regular updates relating to the Board Assurance Framework which incorporates clinical and corporate governance matters.</p> <p>Reports from LCFS include updates on regular investigations, recommendations and actions</p> <p>Through regular awareness raising activities and internal communications, staff are aware how to raise, in confidence, concerns about possible improprieties through policies on Whistleblowing, Counter Fraud, etc which are available on the intranet. Freedom to Speak-Up Guardians are <del>also now</del> in place to allow staff to raise concerns locally.</p> <p>Facility on intranet for staff to anonymously raise issues via the Freedom to Speak-Up page to ensure concerns are passed to the right individual / team to respond.</p>	Comply/ explain
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should	✓	<p>Annual Report includes Committee's roles and responsibilities.</p> <p>Both the internal and external auditors provide a range of reports to the Audit Committee. These include progress reports which</p>	Supporting explanation/ reference

Code	Provision	Comply	Trust Position/Evidence	Reporting Requirements
	<p>include:</p> <ul style="list-style-type: none"> <li>• The significant issues that the committee considered in relation to the financial statements, operations and compliance, and how these issues were addressed.</li> <li>• An explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and</li> <li>• If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independent are safeguarded.</li> </ul>		<p>address specific subjects such as financial statements, operations and compliance. The reports are reviewed by the Audit Committee and where recommendations from the reports identify significant issues, the responsible Director is required to attend Audit Committee meetings to explain how the concerns are being met.</p> <p>The Trust undertakes an annual review of the external audit function which includes review of the external auditor's performance and the monitoring arrangements in place to ensure compliance with Monitor's <i>Audit Code for NHS Foundation Trusts</i>. The results of this review are reported to the Audit Committee.</p> <p>Additionally the Audit Committee undertake its own '<i>self-assessment</i>' checklist which is again reported to the Audit Committee. Information on the value of the external audit services and the length of the contract is provided to the Council of Governors annually.</p> <p>There is also a section within the Annual Report to the Council of Governors for the Audit Committee to communicate annually all non-audit work performed by the Trust's external auditors and its value.</p>	

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**SECTION D: REMUNERATION**

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
<b>D.1</b>	<b>Level and components of remuneration</b>			
<b>D.1.1</b>	Any performance-related elements of the remuneration of Executive Directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	✓	<ul style="list-style-type: none"> <li>Remuneration Policy and Procedure for Board Directors is in line with guidance published by NHSE/I in respect of Very Senior Managers (VSM) pay.</li> <li>These requirements are clearly described in the BoD Remuneration and Nominations Committee terms of reference</li> <li>Limits set would be disclosed in the Annual Report</li> <li>Explanation of current policy included in Annual Report</li> </ul>	<b>Comply/ explain</b>
<b>D.1.2</b>	Levels of remuneration for the Chairperson and other Non-Executive Directors should reflect the time commitment and responsibilities of their roles.	✓	<ul style="list-style-type: none"> <li>For existing appointments on recommendation of CoG Remuneration Committee, CoG determines the level of remuneration for the Chair and other NEDs which is reviewed on an annual basis and takes account of the time commitment and responsibilities of their roles and is benchmarked against other similar Trusts.</li> <li>New appointments are subject to new remuneration guidance published by NHSE/I. The Council of Governors agreed that the principles of the guidance would be adopted, with flexibility to ensure the Trust was in-line with other similar Trusts and considered the time commitment for the role.</li> <li>CoG Remuneration Committee terms of reference includes requirement for regular external benchmarking of remuneration (in line with other Trusts, the Trust uses NHS</li> </ul>	<b>Comply/ explain</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			Providers as its benchmarking tool). Data from this tool (and other research) was used in determine the Trust's position in relation to the NHSE/I guidance.	
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the Annual Report should include a statement of whether or not the director will retain such earnings.	✓	<ul style="list-style-type: none"> <li>• Declarations of interest by EDs completed annually</li> <li>• Register of interests available on request and published on website. A new online portal system is currently underway.</li> <li>• If an Executive Director is released to serve as Non-Executive Director at another organisation, a statement will be included in the Annual Report as required</li> </ul>	Supporting explanation/reference
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	✓	<ul style="list-style-type: none"> <li>• Conduct and Capability Policy and Procedure and Code of Conduct for Board Directors deals with under-performance</li> <li>• Responsibility for the approval of termination of employment arrangements and/or the making of any extra contractual payments to EDs included in BoD Remuneration and Nominations Committee terms of reference (see D.1.1)</li> <li>• During the year no extra contractual payments have been made to EDs following termination of employment</li> </ul>	Comply/explain
D.2	<b>Procedure</b>			
D.2.1	The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the Board of Directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS Foundation Trust.	✓	<ul style="list-style-type: none"> <li>• BoD Remuneration and Nominations Committee comprises of Trust Chair and all NEDs (quorum = 4 in total) as set out in its terms of reference and in the Annual Report</li> <li>• BoD Remuneration and Nominations Committee's terms of reference also explains the role and delegated authority</li> <li>• Terms of reference are available on request</li> </ul>	Publicly available

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<ul style="list-style-type: none"> <li>Remuneration consultants have not been appointed during the last four years; if they are appointed, a statement will be made if they have any other connection with the Trust and would be included in the Annual Report</li> </ul>	
D.2.2	<p>The remuneration committee should have delegated responsibility for setting remuneration for all Executive Directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the Board.</p>	✓	<ul style="list-style-type: none"> <li>BoD Remuneration and Nominations Committee's terms of reference comply with these requirements and clearly sets out the responsibilities</li> <li>Terms of reference outlines Committee responsibility for Chief Executive and Executive Directors remuneration and terms &amp; conditions.</li> <li>BoD Remuneration Committee ensures compliance with the national VSM requirements</li> </ul>	Comply/ explain
D.2.3	<p>The Council of Governors should consult external professional advisers to market-test the remuneration levels of the Chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.</p>	✓	<ul style="list-style-type: none"> <li>Responsibilities of the CoG Remuneration Committee are clearly set out in its terms of reference</li> <li>Remuneration levels for the Chair/NEDs reviewed annually using NHS Providers annual survey for benchmarking with FTs with a similar profile. New remuneration implementation framework published by NHSE/I is currently being considered for new appointments.</li> <li>Research undertaken using NHS Provider data and information from other Trusts to agree the Trust approach to the NHSE/I remuneration guidance for Chairs / Non-Executive Directors.</li> <li>CoG Remuneration Committee is able to access, and does access, professional advice from Trust Deputy Director of HR</li> <li>Advice will be requested as required</li> </ul>	Comply/ explain
D.2.4	<p>The Council of Governors is responsible for setting the remuneration of Non-Executive Directors and the</p>	✓	Refer to D.1.2 and D.2.3	Statutory

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	Chairperson.			

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## SECTION E: RELATIONS WITH STAKEHOLDERS

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
E.1	<b>Dialogue with members, patients and the local community</b>			
E.1.1	The Board of Directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	✓	<ul style="list-style-type: none"> <li>The Trust has an Engagement Strategy that puts service users and the public at the heart of engagement linking with the Quality Strategy and is a catalyst for making the Trust's vision, values and strategic objectives a reality. It supports the strategic direction of the Trust, shapes the Operational Plan and the delivery of the Essex Mental Health Strategy and Five Year Forward View.</li> <li>The strategy recognises that every interaction is an engagement opportunity and an opportunity to live our values. There are six underpinning frameworks which have a direct link to engagement with stakeholders: <ul style="list-style-type: none"> <li>Membership</li> <li>Patient Experience</li> <li>Communications</li> <li>HR/Workforce</li> <li>Organisational Development</li> <li>Carers</li> </ul> </li> <li>These strategies will be reviewed in 2021/22 as part of the overall strategic direction currently underway.</li> <li>Patient &amp; Carer Experience Steering Committee (reports to Quality Committee providing assurance that systems are in</li> </ul>	<b>Publicly available</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			place to monitor patient experience across the Trust to meeting local and national requirements)	
E.1.2	The Board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between Governors and any local consultative forums.	✓	<p>See E.1.2 for Engagement Strategy</p> <ul style="list-style-type: none"> <li>• The Membership Framework outlines the Trust’s vision for membership over the period 2018-2021 and includes the priorities to build an effective, responsive and representative membership body that will assist in ensuring the Trust is fit for its future in the changing NHS environment. It recognises that there will be a wide variation in the level of participation of our members and therefore provides a range of pathways from which choices can be made. Every effort will be made to be inclusive in the approach to involvement with the aim of the membership community reflecting the social and cultural mix of the Trust’s constituencies</li> <li>• Examples of representing public interests of patients and local community: <ul style="list-style-type: none"> <li>- Your Voice meetings: public/member meetings. These were disrupted during the Covid-19 pandemic with restrictions on public meetings. However, Your Voice meeting held on Microsoft Teams Live which invited members to attend.</li> <li>- Meetings with third sector/voluntary organisations</li> <li>- Public consultation documents/processes in relation to significant service changes – none this year but updates provided at Part 1 Board of Director Meetings, including information in relation to service transformation.</li> <li>- Dedicated section on the Trust’s website on how to Get Involved with the Trust; sections include support for carers, volunteers, etc</li> </ul> </li> <li>• Patient &amp; Service User Experience Steering Group included in BoD governance structure at Tier 2 and reports to Quality</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			Committee	
E.1.3	The chairperson should ensure that the views of Governors and members are communicated to the Board as a whole.	✓	<ul style="list-style-type: none"> <li>• Chair facilitates opportunity for Governors to ask questions of the Board at Board meetings</li> <li>• Director/Governor Seminar sessions and joint Task &amp; Finish Groups, e.g. Constitution Review T&amp;F Group</li> <li>• Directors regularly attend and present at CoG meetings</li> <li>• Attendance of NEDs at CoG meetings included in objectives</li> <li>• NED/CoG informal meetings organised four times during the year</li> <li>• Chair meets Lead / Deputy Lead Governors quarterly</li> <li>• SID meets Lead Governor independently</li> <li>• CEO briefing sessions with Governors held quarterly at a minimum</li> <li>• Minutes of BoD and CoG meetings available on Trust's website</li> <li>• Meetings with the public, e.g. Your Voice meetings provide opportunity for members/public to meet with Chair, CEO, Directors, Senior Managers and Governors, and to ask questions/provide feedback.</li> <li>• Full sets of CoG and BoD part 1 meeting papers available on the Trust's website</li> </ul>	Comply/ explain
E.1.4	<p>Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the NHS Foundation Trust's website.</p> <p>The Board of Directors should ensure that the NHS Foundation Trust provides effective mechanisms for</p>	✓	<ul style="list-style-type: none"> <li>• Trust website and Annual Report include details on how to contact Governors and Directors</li> <li>• Dedicated membership area on Trust website outlining the role of members, contact details and how to get involved</li> <li>• Your Voice meetings, chaired and supported by Governors, Disrupted by Covid-19 pandemic restrictions, however,</li> </ul>	Publicly available

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	communication between Governors and members from its constituencies.		meeting held via Microsoft Teams Live. <ul style="list-style-type: none"> <li>• Members invited to AMM</li> <li>• Annual Report includes report on membership</li> </ul>	
<b>E.1.5</b>	The Board of Directors should state in the Annual Report the steps they have taken to ensure that the members of the Board, and in particular the non-executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	✓	<ul style="list-style-type: none"> <li>• Annual Report includes statements on how the Board of Directors have engaged with the Council of Governors, including the development of the strategic plan and stating as part of the main role of the Board to take into consideration the views of the Council of Governors.</li> </ul>	<b>Supporting explanation/reference</b>
<b>E.1.6</b>	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the Annual Report.	✓	<ul style="list-style-type: none"> <li>• CoG Membership Committee reviews membership engagement, recruitment and demographic representation quarterly</li> <li>• Membership activity report at each Council meeting (Directors attend CoG meetings)</li> <li>• Annual Report includes membership analysis and representation</li> <li>• Process undertaken to update membership reported to Council</li> </ul>	<b>Supporting explanation/reference</b>
<b>E.1.7</b>	The Board of Directors must make Board meetings and the annual meeting open to the public. The Trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	✓	<ul style="list-style-type: none"> <li>• Part 1 Board meetings are held in public</li> <li>• Dates of meetings published on Trust website and on internal communications</li> <li>• Part 1 Board agenda and papers available on website</li> <li>• Part 1 and 2 agendas and part 1 papers are emailed to Governors</li> </ul>	<b>Statutory</b>

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
			<ul style="list-style-type: none"> <li>• Agenda and papers circulated to public on request</li> <li>• Part 2 Board meetings held in private are provided for in constitution. Summary of Part 2 minutes are provided to Governors.</li> <li>• Resolution passed at Part 1 Board meetings to exclude members of the press/public in Part 2 meetings</li> </ul>	
E.1.8	The Trust must hold annual member's meetings. At least one of the Directors must present the Trust's Annual Report and accounts, and any report of the auditor on the accounts, to members at this meeting.	✓	<ul style="list-style-type: none"> <li>• AGM/AMM held annually (Sep 2020)</li> <li>• Directors attend meeting</li> <li>• CEO presents Annual Report</li> <li>• ECFO presents annual accounts, and report of auditor on the accounts</li> </ul>	Statutory
E.2	<b>Co-operation with third parties with roles in relation to NHS FTs</b>			
E.2.1	The Board should be clear as to the specific third party bodies in relation to which the Trust has a duty to co-operate.	✓	<ul style="list-style-type: none"> <li>• The Board of Directors does this implicitly through system working, attending partner organisation meetings and keeping other organisations informed.</li> <li>• Regular meetings are held with HOSC to inform of any changes to service provision, which requires approval.</li> <li>• Partner organisations are notified of material events and / or system changes.</li> <li>• ED's undertake multi-agency working and attend meetings with partner organisations.</li> <li>• Any new requirements from organisations (such as NHSE/I) are provided to the Accountable Officer and are taken through the Board of Directors as required.</li> </ul>	Comply/ explain
E.2.2	The Board should ensure that effective mechanisms	✓	<ul style="list-style-type: none"> <li>• Quality Account section in Annual Report</li> </ul>	Comply/ explain

Code	Provision	Comply	Trust Position/Evidence	Annual Report Requirements
	<p>are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.</p>		<ul style="list-style-type: none"> <li>• Contract management meetings in place with NHS commissioners</li> <li>• Board to Board meetings, e.g. with CCGs</li> <li>• Joint bids/provision of services with local service providers</li> <li>• PMGs/JMGs in place with local authorities</li> <li>• Relationship meetings with NHSI quarterly (and bi-monthly PRM progress review meetings)</li> <li>• Ad hoc meetings with NHSE/I</li> <li>• Ad hoc meetings with CQC</li> <li>• Chair, CEO and Directors involvement in ICSs/STPs</li> <li>• Alignment of NEDs and Directors to STP locality portfolios</li> <li>• Chair and CEO attend senior networking meetings</li> <li>• Under the umbrella of the ICS, a number of operational collaborative partnerships are being developed, including Mid &amp; South Essex (MSE) partnership, NICS and the provider collaborative.</li> </ul>	

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**NHS FT Code of governance Feb 2014: Compliance Evidence and Actions Schedule 2020/21**

**ACTION PLAN TO STRENGTHEN COMPLIANCE**

Due to the extra-ordinary circumstances of the Covid-19 pandemic, and the operational imperative in dealing with this, not all the previous action plan recommendations have been able to be implemented in 2020/21. This was exacerbated by the sudden absence of the Trust Secretary. All the recommendations not completed will be carried through for 2021/22.

Code	Action	Lead / Timescale	Progress	RAG
<b>A.1.10</b>	Review statement in Trust Constitution relating to Governor indemnity to see if this can be strengthened.	TSO, Mar-22	Carried forward for 2021/22.	
<b>A.2.2</b>	Review division of responsibilities between Chair and CEO following commencement of new CEO role.	PS / SS / JD, Mar-22	Carried forward for 2021/22. This will be presented to the Trust Board in May 2021.	
<b>A.5.1</b>	Consider interaction of Governors with Board of Director Meetings when using Microsoft Teams live to allow for comeback if the answer given does not address the query.	JD Mar-22	New Action	
<b>B.1.1</b>	Ensure conversation relating to Test of Independence of Non-Executive Directors is raised during the appointment / re-appointment process for Non-Executive Directors.	JD Mar-22	New Action	
<b>B.5.6</b>	Consider ways in which the Trust can enhance formal engagement of Governors, members and the public on the development of the 5-year forward plan.	TSO, Mar-22	Carried forward for 2021/22. This is underway in terms of the strategic discussions with Governors and the development of the new strategic direction for the Trust.	
<b>B.6.5</b>	Consider developing ways of using the website to	TSO, Mar-22	Carried forward for 2021/22. The Trust is currently developing a new	

EPUT Code of Governance Compliance Evidence and Actions Schedule 2020/21: Action Plan

Code	Action	Lead / Timescale	Progress	RAG
E.1.4	enable Governors to be able to communicate with members / public.		website and this will be taking forward as part of this work stream.	
C.3.8	Review schedule of business for BoD Audit Committee to ensure presentations / reports are received for Freedom to Speak-Up / Whistleblowing	CB, Mar-22	Carried forward for 2021/22.	
D.1.1	Consider whether to complete and approve Remuneration Policy and Procedure for Board of Directors	TSO, Mar-22	Carried forward for 2021/22.	
E.1.3	Review process for ensuring Governor, member and public views are provided to the Board of Directors.	TSO, Mar-22	Carried forward for 2021/22.	
E.1.6	Develop process for the Board of Directors to receive information about the membership consider its representation and effectiveness of membership engagement.	TSO, Mar-22	Carried forward for 2021/22.	
	Board to receive an annual report on the Trust's membership including level and effectiveness of engagement	TSO, Mar-22	Carried forward for 2021/22.	
E.2.1	Develop processes for ensuring it is more explicit which third party bodies the Trust has a duty to co-operate, including changing report summary sheets to identify this.	TSO, Mar-22	Carried forward for 2021/22.	
<b>Completed Actions</b>				
A.1.2	Develop a system to monitor attendance at Tier 1 and Tier 2 Standing Committees to allow a review to be undertaken at the end of the financial year.	CJ, Mar-21	System developed. Action superseded by wider review of Tier 1 & Tier 2 Committee structures currently being undertaken.	

EPUT Code of Governance Compliance Evidence and Actions Schedule 2020/21: Action Plan

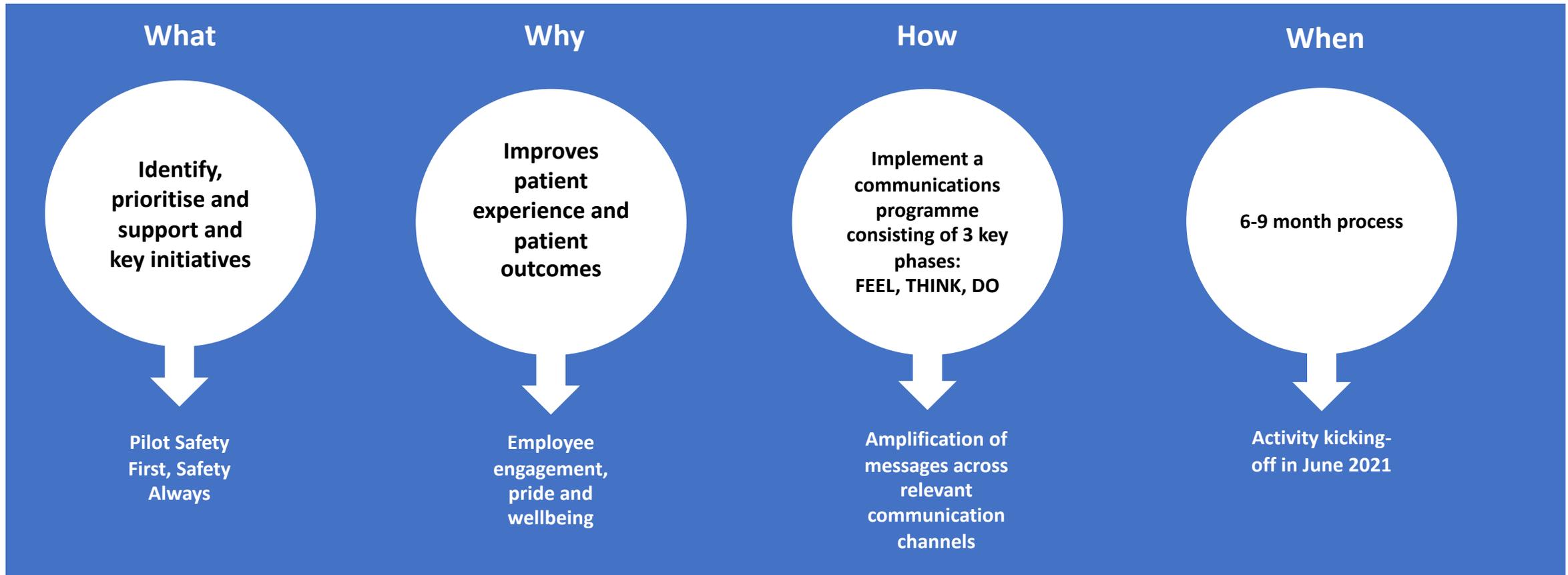
Code	Action	Lead / Timescale	Progress	RAG
<b>A.5.1</b>	Review existing protocol to clarify action to be taken for continued non-attendance at Council of Governor meetings.	FS / CJ, Mar-21	Procedure developed and agreed by CoG Governance Committee.	
<b>A.5.6</b>	Finalise an agreed Council of Governors Policy for engagement with Board where disagreement or concerns with performance, setting out how the Council and Board will interact with one another for the benefit of the Trust, and a procedure on raising and escalating concerns.	TSO, Mar-21	Policy & Procedure developed. Approved by Council of Governors and Board of Directors.	
<b>B.1.4</b>	Review current Board member biographies to see if more can be added in relation to their skills. If not possible, include in next years annual report.	FS, Mar-21	This has been incorporated into the Annual Report for 2020/21.	
<b>B.5.1</b>	Complete exploration of developing a Governor information portal to enable sharing of information.	TSO, Mar-21	Portal developed and in place.	

# A Communications Strategy to Drive Change

28<sup>th</sup> May 2021

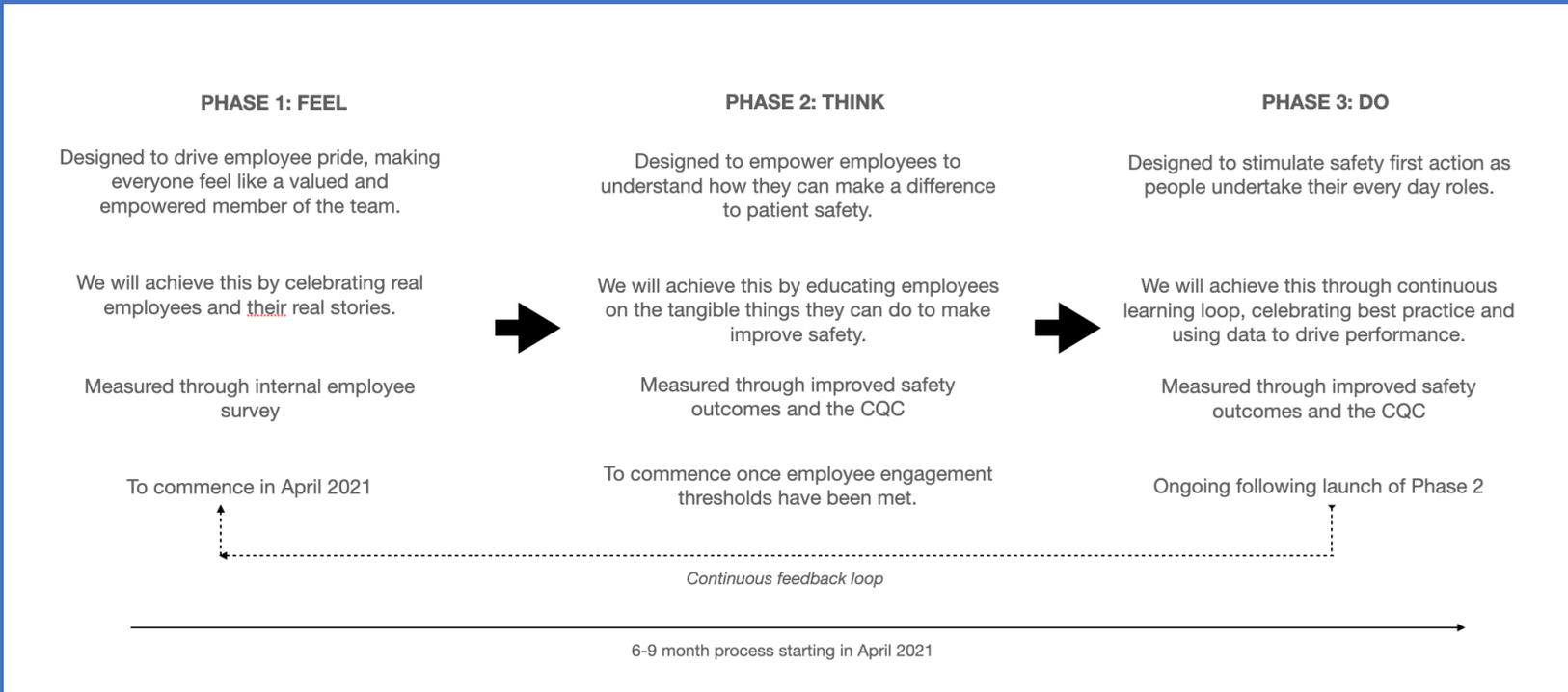
# Our Approach

A more responsive, agile and integrated communications plan – creating an engaged team, across all sites and disciplines, who have pride in working for EPUT



# Process Overview

## Designed to emotionally engage with colleagues



### Phase 1: FEEL

This strand of activity is designed to make the employees *feel* proud to work for EPUT by celebrating how they go above and beyond, day in day out.

The activity will celebrate our employees from across every part of the trust. Real people, real stories will drive up employee pride, making everyone feel liked a valued and empowered member of the team.

### Phase 2: THINK

This second phase of activity is designed to make people *think* they can make a difference to patient safety in their day-to-day roles, landing the *Safety First, Safety Always* messaging.

### Phase 3: DO

This strand of activity is all about action, ensuring our team are actively moving the safety agenda forward.

# Activating Phase 1 – ‘FEEL’

## THE IDEA

Reignite the passion of our staff by reminding them all what they have achieved working together.

Celebrate that being united is what has enabled staff to make the difference over the last year.

**TONE:** Positive, Inspiring , Sincere.

## CORE THOUGHT

What we do together  
matters

# Bringing the idea to 'Life'



HERO FILM



LAUNCH. WHAT WE DO TOGETHER MATTERS

INTERVIEWS

MEET THE PEOPLE WORKING  
TOGETHER AND MAKING THE  
DIFFERENCE.

We do more than mend people here.  
And we have done a fair bit of that recently.  
Exhaustion physically and mentally, has  
slowed us.

But not halted us.

We've done the all nighters -the long cold  
walks to through the carpark and the shifts  
with no end in site.

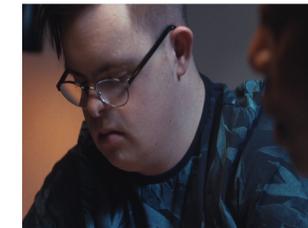
But together we found a way.

It has been worrying, heading in and heading  
home.

Yet no matter how tough things have got we  
have relied on each other,

And coffee lots of coffee,  
brighter days are coming, but know this, what  
do here together everyday, it matters and we  
won't be interrupted.

Caption: **What we do together matters.**



# Approach to key visuals



**WHAT WE DO TOGETHER MATTERS**

NHS  
Essex Partnership University  
NHS Foundation Trust



**WHAT WE DO TOGETHER MATTERS**

NHS  
Essex Partnership University  
NHS Foundation Trust

**SOMETIMES THE BEST MEDICINE IS TAKEN OUTDOORS**



NHS  
Essex Partnership University  
NHS Foundation Trust



**HERE WE ALSO IMPROVE EACH OTHER**

NHS  
Essex Partnership University  
NHS Foundation Trust



**IT STARTS WITH YOU**

WHAT WE DO TOGETHER MATTERS

NHS  
Essex Partnership University  
NHS Foundation Trust

# Actions from previous meeting

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## 1. What is the Trust Policy on leaflets?

Currently leaflets are available electronically via intranet and EPUT website. The policy requires reviewing.

## 2. Do we have a full list of all leaflets available for the Trust?

Yes, this list can be accessed through InPut (intranet).

## 3. How do Services obtain them?

Requests for design and creation are briefed into the Communications team and printed using an external printer. Once the quantity has been confirmed, a quote is raised and shared with colleague requesting the leaflet. The colleague then process the costs via ePROC, using their assigned budget code. The communications team liaises with the printer regarding artwork.

## 4. How as a Trust do we check leaflets are stocked?

TBC - a verbal update will be provided at the meeting.

## 5. Are they sent reminders to ask for leaflets?

Currently no reminders are in place.

## 6. Are the Units aware of all the leaflets available to them?

TBC - a verbal update will be provided at the meeting.

# THANK YOU



		<b>Agenda Item No: 7(d)</b>			
<b>SUMMARY REPORT</b>		<b>COUNCIL OF GOVERNORS PART 1</b>			<b>28 May 2021</b>
<b>Report Title:</b>		<b>Council of Governors Future Strategic Focus</b>			
<b>Report Lead:</b>		James Day, Interim Trust Secretary			
<b>Report Author(s):</b>		James Day, Interim Trust Secretary			
<b>Report discussed previously at:</b>		Not Previously discussed			
<b>Level of Assurance:</b>		<b>Level 1</b>	✓	<b>Level 2</b>	<b>Level 3</b>

<b>Purpose of the Report</b>		
This report provides the Council of Governors with an opportunity to revisit the strategic issues for future discussion in Council of Governors meetings and to agree the timescale over which it might move to commence discussions on any specific themes it chooses to adopt	<b>Approval</b>	
	<b>Discussion</b>	✓
	<b>Information</b>	

<b>Recommendations/Action Required</b>
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> <li>1 Note the contents of the report</li> <li>2 To continue to engage fully with the ongoing work to define and disseminate the emerging Corporate objectives as a priority</li> <li>3 To identify particular key strategic themes it wishes to adopt and regularly revisit thereafter in Council of Governors meetings</li> <li>4 Request any further information or action.</li> </ol>

<b>Summary of Key Issues</b>
<p>At the 18 February 2021 Council of Governors meeting the Interim Trust Secretary presented a paper in anticipation of the Joint Board Seminar Session held on 24<sup>th</sup> February 2021.</p> <p>The paper recognised and encouraged the role of Governors to provide feedback to the Board on the development of the strategic direction of the Trust as appropriate. This has been enthusiastically pursued by Governors in constructive sessions on 24<sup>th</sup> February 2021 and 20<sup>th</sup> May 2021, when the emerging strategic objectives were first shared.</p> <p>Governors have been involved at an early and formative stage in the development of the strategic objectives and will continue to be involved.</p> <p>The first element of the current paper is to request that Governors individually and collectively prioritise responding and contributing to the Corporate Objective work stream to its conclusion and dissemination.</p> <p>However, the 18<sup>th</sup> February 2021 paper had a second element which was not pursued on 24<sup>th</sup> February and which remains open. This was that a small number of key strategic items would be identified by Governors which Governors would particularly like to be included on their Council of Governors meeting agenda over the forthcoming 12 months as being of most interest to regularly revisit. It was intended that these strategic themes would be regularly revisited for assessment of continued relevance, and would supported by the appropriate Executives and Non-Executives reporting to Governors. This would include how Governor feedback would be used.</p> <p>This suggestion reflected learning from ELFT where sessions were held with Governors to identify subjects for inclusion on the Council of Governors agenda for future strategic discussions. This also reflected that it is for Governors to identify and agree the strategic themes of interest to them and not for the Trust Secretary to suggest or supply them, in case</p>

it be thought that the valuable freedoms of choice and determination held by Governors were being eroded.

Since 24<sup>th</sup> February matters have moved on considerably, and the early form strategic objectives have emerged, supplementing and recognising the pre-existing safety strategy. All now provide a wider menu of suitable strategic themes Governors could choose to adopt and concentrate upon for their future meetings if they so wish, but the field is entirely open, even to their exclusion in favour of other themes considered to be of greater relevance to Governors.

All that is requested is that priority is first given by Governors to supporting the emerging Corporate Objective process to its conclusion, with the Governor objectives, (once identified), following on as part of an agreed timeline. The Trust Secretary Office remains ready to assist Governors in arriving at the strategic themes they particularly wish to cover in their meetings and to support their consideration thereafter.

**Relationship to Trust Strategic Objectives**

SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

**Relationship to Trust Corporate Objectives**

CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	✓
3: Empowering	✓

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	N/A
<b>Data quality issues</b>	N/A
<b>Involvement of Service Users/Healthwatch</b>	N/A
<b>Communication and consultation with stakeholders required</b>	✓
<b>Service impact/health improvement gains</b>	✓
<b>Financial implications:</b>	N/A
<b>Capital £</b>	
<b>Revenue £</b>	
<b>Non Recurrent £</b>	
<b>Governance implications</b>	N/A
<b>Impact on patient safety/quality</b>	✓
<b>Impact on equality and diversity</b>	✓
<b>Equality Impact Assessment (EIA) Completed</b>	No
<b>YES/NO</b>	
<b>If YES, EIA Score</b>	

<b>Impact on Statutory Duties and Responsibilities of Council of Governors</b>	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail): <ul style="list-style-type: none"> <li>• Feedback to the Board on the development of the strategic direction of the Trust</li> </ul>	✓

<b>Acronyms/Terms Used in the Report</b>			

<b>Supporting Documents and/or Further Reading</b>
None

<b>Lead</b>
<b>James Day</b> <b>Interim Trust Secretary</b>

		<b>Agenda Item No: 8a</b>				
<b>SUMMARY REPORT</b>		<b>COUNCIL OF GOVERNORS PART 1</b>			<b>28 May 2021</b>	
<b>Report Title:</b>		NHSE/I Self-Certification Requirements 2020-21				
<b>Executive/Non-Executive Lead:</b>		James Day Interim Trust Secretary				
<b>Report Author(s):</b>		Chris Jennings Assistant Trust Secretary				
<b>Report discussed previously at:</b>		Finance & Performance Committee 20 May 2021				
<b>Level of Assurance:</b>		<b>Level 1</b>		<b>Level 2</b>	✓	<b>Level 3</b>

<b>Purpose of the Report</b>		
This report provides the Council of Governors with details of NHSE/I self certification requirements and makes a recommendation made to the Board of Directors in respect of the declaration that should be made as a result of detailed consideration of compliance with Licence Condition G6.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	✓

<b>Recommendations/Action Required</b>
The Council of Governors is asked to: 1. Note the content of the report.

<b>Summary of Key Issues</b>
<p>NHS Foundation Trusts are required, under normal circumstances, to make annual self-certifications to NHS Improvement under the NHS Provider Licence, Risk Assessment Framework and the Health and Social Care Act 2012, in addition to those made as part of the annual plan submission. Four self-certifications are required (one is not applicable to EPUT in relation to Joint Ventures and Academic Health Science Centres (AHSCs)).</p> <p>Self-certification is required against G6 by 31 May 2021. Self-certification is required against FT4 and Governor Training by 30 June 2021. The Governor Training requirement is included as item 7b on the agenda and FT4 is included as Part 2 of the agenda.</p> <p>A self-assessment was undertaken by the Trust Secretary’s Office and Finance Department against the licence conditions for G6. The self-assessment documentation was circulated to the Council of Governors for comment. No comments have been received at the time of this report, but any received will be provided verbally to the Board of Directors and Council of Governors.</p> <p>The Finance &amp; Performance Committee considered compliance with the provider licence requirements at its meeting on the 20 May 2021 and agreed to recommend to the Board of Directors that the following declaration is made:</p> <p><i>“Following a review for the purposes of paragraph 2b of Licence Condition G6, the Directors of the Licensee are satisfied, that in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the Licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution”</i></p> <p>The Council of Governors are not required to approve the declaration, but are expected to be able to comment on the declaration. The self-assessment document is attached to this report as Appendix 1.</p>

Relationship to Trust Strategic Objectives	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

Relationship to Trust Corporate Objectives	
CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

Which of the Trust Values are Being Delivered	
1: Open	✓
2: Compassionate	✓
3: Empowering	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			✓
Service impact/health improvement gains			
Financial implications:			
		Capital £	
		Revenue £	
		Non Recurrent £	
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	YES/NO	If YES, EIA Score	N/A

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	✓

**Acronyms/Terms Used in the Report**


**Supporting Documents and/or Further Reading**

Accompanying Report

**Lead**

**James Day**  
**Interim Trust Secretary**

**EPUT**

**NHS England / Improvement  
Self-Certification Requirements 2020-21**

**1.0 Purpose of Report**

This report provides the Board of Directors with details of NHSE/I self-certification requirements and makes a recommendation in respect of the declaration that should be made as a result of detailed consideration of compliance with Licence Condition G6.

**2.0 Background**

NHS Foundation Trusts are required, under normal circumstances, to make annual self-certifications to NHS Improvement under the NHS Provider Licence, Risk Assessment Framework and the Health and Social Care Act 2012, in addition to those made as part of the annual plan submission. Four self-certifications are required (one is not applicable to EPUT in relation to Joint Ventures and Academic Health Science Centres (AHSCs)).

The NHS Provider Licence requires three declarations, as follows:

- Condition G6(3) Providers must certify that their board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution. This is covered by this report.
- Condition FT4(8) Providers must certify compliance with required governance standards and objectives. This is covered under Part 2 of the Council of Governors.
- Condition CoS7(3) Providers providing commissioner requested services (CRS) must certify that they have a reasonable expectation that the required resources will be available to deliver the designated service. This is not applicable to the Trust.

In addition there is a requirement for self-certification in respect of:

- Training of governors. This will be presented to the Finance and Performance Committee in June 2021. This is not a licence condition, but Section 151(2) of the Health and Social Care Act requires that [Providers] must take steps to secure that the governors are equipped with the skills and knowledge they require. This is covered as a separate agenda item.

The Board must sign off the self-certification, taking into account the views of governors. The Council of Governors is not required to approve the self-certification declarations.

Boards must sign off on self-certification no later than:

- **G6:** 31 May 2021
- **FT4 and Governor Training:** 30 June 2021

**3.0 Licence condition G6: Detailed requirement**

The requirements for licence condition G6 is as follows:

**The Licensee shall take all reasonable precautions against the risk of failure to comply with:**

- (a) The Conditions of this Licence
- (b) Any requirements imposed on it under the NHS Acts, and
- (c) The requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

**Without prejudice to the generality of the paragraph above, the steps that the Licensee must take pursuant to that paragraph shall include:**

- (a) The establishment and implementation of processes and systems to identify risks and guard against their occurrence, and
- (b) Regular review of whether those processes and systems have been implemented and of their effectiveness.

**4.0 Condition G6: action and/or evidence of compliance with requirements**

The Trust Secretary's Office and Finance have undertaken a comprehensive review of compliance against the provider licence and this is attached as Appendix 1. The recommended declaration to the Board is as follows:

*"Following a review for the purposes of paragraph 2b of Licence Condition G6, the Directors of the Licensee are satisfied, that in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the Licence, any requirements imposed on it under the NHS Acts and have regard to the NHS Constitution"*

**5.0 Action Required**

**The Council of Governors is asked to:**

- 1. Note the contents of the report

Chris Jennings  
Assistant Trust Secretary

On behalf of

**James Day**  
**Interim Trust Secretary**

## APPENDIX 1

## EPUT REVIEW OF COMPLIANCE AGAINST THE PROVIDER LICENCE 2020/21 AS AT MAY 2021

**Objective:** As EPUT is required to comply with the terms of the provider licence, it is essential that it ensures there is ongoing compliance with the licence conditions and areas identified to strengthen maintenance of compliance.

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
<b>SECTION 1: GENERAL CONDITIONS</b>				
<b>G1</b>	<b>Provision of Information</b> Obligation to provide NHSE/I with any information it requires for its licensing functions within required timeframe and format ensuring that such reports and information are accurate, complete and not misleading, and is a true copy of the document requested	The Licensee shall furnish to NHSE/I such information and documents, and shall prepare or procure and furnish to NHSE/I such reports, as NHSE/I may require for any of the purposes set out in section 96(2) of the 2012 Act	Compliant	<ul style="list-style-type: none"> <li>Systems and processes in place to identify and respond to routine and ad hoc requests</li> <li>Board sign off as required</li> <li>EPUT submits all documents, reports and declarations in accordance with all relevant statutory and regulatory requirements in force from time to time</li> <li>Any submissions required are made by the Finance Directorate and retained</li> <li>Copies of all documents to NHSE/I are retained</li> <li>Submissions to Council of Governors as required for additional assurance (i.e. training and development of Governors requirement; EPUT compliance with the <i>Code of Governance</i>)</li> </ul>
<b>G2</b>	<b>Publication of Information</b> Obligation to publish such information as NHSE/I may require including making available to the public	The Licensee shall comply with any direction from NHSE/I for any of the purposes set out in section 96(2) of the 2012 Act to publish information about health care services	Compliant	<ul style="list-style-type: none"> <li>Compliance with Annual Report/Quality reporting guidance (ARM) and EPUT constitution</li> <li>Annual Report and Accounts, Quality account/Report, etc. on EPUT website</li> <li>Included in EPUT's publication scheme</li> <li>Register of interests</li> <li>Code of Governance</li> </ul>
<b>G3</b>	<b>Payment of fees to NHSE/I</b> Gives NHSE/I the ability to charge fees and obligation for licensees to pay them	The Licensee shall pay fees to NHSE/I in each financial year of such amount as NHSE/I may determine	Compliant	<ul style="list-style-type: none"> <li>There have been no plans publicised to charge a fee to licensees</li> </ul>
<b>G4</b>	<b>Fit and proper persons as Governors and Directors</b>	G4.1 The Licensee shall ensure that no person who is an unfit person may	Compliant	<ul style="list-style-type: none"> <li>Robust Board Directors policy and procedure in place</li> <li>Disqualification criteria set out in constitution</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
	Prevents licensees from allowing unfit persons to become or continue as a Governor or Director except with NHSE/I approval	<p>become or continue as a Governor, except with the approval in writing of NHSE/I.</p> <p>G4.2 The Licensee shall not appoint as a Director any 'person who is an unfit person, except with the approval in writing of NHSE/I</p> <p>G4.3 The Licensee shall ensure that its contracts of service with its Directors contain a provision permitting summary termination in the event of a Director being or becoming an unfit person. The Licensee shall ensure that it enforces that provision promptly upon discovering any Director to be an unfit person, except with the approval in writing of NHSE/I</p>		<ul style="list-style-type: none"> <li>Requirement of both Directors and Governors mirrored in Code of Conducts</li> <li>Directors and Governors sign declarations as part of recruitment and nominations processes</li> <li>Condition of appointment: relevant checks undertaken by Trust Secretary's Office and HR</li> <li>Responsibility of Board Directors and Governors to notify in-year changes</li> <li>Board Directors required to have annual enhanced DBS checks (including children's and vulnerable adults' barred list) and Companies House disqualification checks</li> <li>Annual declaration received by the Board</li> <li>Board Director contracts include provision permitting summary termination in the event of the Director becoming/being 'unfit'</li> <li>There has been no requirement for NHSE/I to allow a Director or Governor to remain in post</li> <li>Conflict of interests policy and procedural guidelines in place with implementation plan</li> </ul>
<b>G5</b>	<p><b>NHSE/I Guidance</b></p> <p>Obligation to have regard to guidance issued by NHSE/I. A licence holder is required to advise NHSE/I if it decides not to follow such guidance giving reasons</p>	The Licensee shall at all times have regard to guidance issued by NHS Improvement for any of the purposes set out in section 96(2) of the Health and Social Care Act 2012	Compliant	<ul style="list-style-type: none"> <li>Systems and processes in place to ensure EPUT responds to/meets guidance issued by NHSE/I</li> <li>Submissions and information provided to NHSE/I are approved through relevant and appropriate authorisation processes</li> <li>Monthly Legal Update Report presented to EOSC</li> <li>Bi-Monthly Chair's Report to Board including Governance</li> <li>Regular Board Governance Report produced by Trust Secretary presented at Board of Directors meetings containing latest legal and regulatory developments</li> <li>Full reviews of NHSE/I guidance is undertaken by relevant teams including Compliance Team, Trust Secretary, Legal Team, Finance Team, etc.</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
				<ul style="list-style-type: none"> <li>• Annual review of EPUT's compliance with <i>Code of Governance</i></li> <li>• Self-assessments undertaken and presented to EOSC, Finance and Performance and Quality Committees, e.g. Corporate Governance Statement, Well Led Framework, etc.</li> <li>• Responses to consultations as required</li> </ul>
<b>G6</b>	<p><b>Systems for compliance with licence conditions and related obligations</b></p> <p>Obligation to take reasonable precautions against risk of failure to comply with the licence including the establishment and implementation of processes and systems to identify and manage risks, and the regular review of these processes and systems to ensure implementation and effectiveness</p>	<p>G6.1 The Licensee shall take all reasonable precautions against the risk of failure to comply with:</p> <p>(a) the Conditions of this Licence,</p> <p>(b) any requirements imposed on it under the NHS Acts</p> <p>(c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS</p> <p>G6.2 The Licensee must take the following steps pursuant to G6.1:</p> <p>(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence</p> <p>(b) regular review of whether those processes and systems have been implemented and of their effectiveness</p> <p>G6.3 Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHSE/I (by end May) a certificate to the effect that, following a review for the purpose of G6.1.2(b) The Directors of the Licensee</p>	Compliant	<ul style="list-style-type: none"> <li>• Risk management of compliance failure through Board Assurance Framework, Corporate Risk Register, and review of action plans; and regular Board development sessions</li> <li>• Quarterly update and action plan scrutiny/overview reports to Finance and Performance Committee in respect of EPUT performance and quality</li> <li>• Annual review of compliance with the terms of the provider licence undertaken</li> <li>• Annual internal audit assessment of Risk Maturity (currently being undertaken as part of overall review of the Board Assurance Framework).</li> <li>• Internal audit programme</li> <li>• Clinical audit programme</li> <li>• QIA process</li> <li>• Systems of internal control</li> <li>• EPUT's constitution, policies and vision take account of the NHS Constitution</li> <li>• Compliance declarations made by the Board of Directors within required timeframe (note NHSE/I no longer require these to be submitted)</li> <li>• Annual self-certification information included in Board papers and published on EPUT's website</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
		<p>are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition</p> <p>G6.4 The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to NHSE/I (by end June) in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it</p>		
G7	<p><b>Registration with the Care Quality Commission</b> Obligation to be registered with the CQC and to notify NHSE/I if their registration is cancelled</p>	<p>The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able lawfully to provide the services authorised to be provided by this Licence.</p>	Compliant	<ul style="list-style-type: none"> <li>• EPUT services are registered with CQC without conditions as required and within required timescales; there are two conditions associated with two nursing homes (to have nursing home manager on each site and to limit maximum beds to 35 per unit)</li> <li>• Board received assurance of registration on EPUT's establishment</li> <li>• Processes in place to review and update registration of services as these change</li> <li>• Internal assurance process in place to minimise the risk of non-compliance with essential standards of quality and safety</li> <li>• Regular monitoring of compliance by Quality Committee, Executive Operational Sub Committee, and Board of Directors</li> <li>• CQC compliance checking programme and action plans developed including monitoring process (and lessons learnt) for areas requiring improvement</li> <li>• No requirement to notify NHSE/I of any cancellation</li> <li>• CQC 'good' rating maintained in with CQC inspections regime suspended during the Covid-19</li> </ul>

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				pandemic.
<b>G8</b>	<b>Patient eligibility and selection criteria</b> Obligation to set transparent eligibility and selection criteria for patients and apply these in a transparent manner	The Licensee shall: (a) set transparent eligibility and selection criteria (b) apply those criteria in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee (c) publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them	Compliant	<ul style="list-style-type: none"> <li>Patients' eligibility criteria agreed with commissioners in line with relevant guidance and documented in commissioning contracts within individual service specifications: currently available on request</li> <li>Commissioning contracts are subject to regular reviews and service specifications are generally reviewed annually</li> <li>EPUT website includes its service provision by geography and service type, and contact details. There is limited eligibility criteria included</li> </ul>
<b>G9</b>	<b>Application of Section 5 (Continuity of Services)</b> Sets out the conditions under which a service will be designated as a CRS (Commissioner Requested Service)	See section 5 below	N/A	<ul style="list-style-type: none"> <li>Covers all services which EPUT has contracted with a Commissioner to provide as a CRS (see CoS1 below)</li> <li>See section 5 below</li> </ul>
<b>SECTION 2: PRICING</b>				
<b>P1</b>	<b>Recording of Information</b> Obligation to record information and be transparent particularly about costs/pricing	If required in writing by NHSE/I, and only in relation to the period from the date of that requirement, the Licensee shall: (a) obtain, record and maintain sufficient information about the costs which it expends in the course of providing services (b) establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are	Compliant	<ul style="list-style-type: none"> <li>EPUT maintains a costing system that utilises information from the general ledger to calculate planned and fully absorbed costs of providing services. These costs are published on an annual basis</li> <li>Information can be provided to NHSE/I as required</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
		necessary to enable it to comply with this Condition.		
P2	<b>Provision of Information</b> Obligation to submit the above to NHSE/I	The Licensee shall furnish to NHSE/I such information and documents, and shall prepare or procure and furnish to NHSE/I such reports, as NHSE/I may require for the purpose of Chapter 4 in Part 3 of the Health and Social Care Act 2012 (Pricing)	Compliant	<ul style="list-style-type: none"> <li>• EPUT submits to NHSE/I all documents, reports and declarations in accordance with all relevant statutory and regulatory requirements in force from time to time in respect of pricing</li> <li>• Information provided is approved through the relevant and appropriate authorisation processes</li> <li>• Copies of all documents are submitted to NHSE/I and retained by the Finance Directorate and/or Trust Secretary</li> </ul>
P3	<b>Assurance report on submissions to NHSE/I</b> Obligation to submit an assurance report confirming that the information provided above is accurate	If required in writing by NHSE/I, the Licensee shall, as soon as reasonably practicable, obtain and submit to NHSE/I an assurance report in relation to pricing/costing	Compliant	<ul style="list-style-type: none"> <li>• Internal audit could review the costing and pricing processes within EPUT as part of the internal audit programme, and this assurance could be provided to NHSE/I as required</li> </ul>
P4	<b>Compliance with the National Tariff</b> Obligation to charge for NHS health care services in line with national tariff	Except as approved in writing by NHSE/I, the Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by NHSE/I, in accordance with section 116 of the Health and Social Care Act 2012 and shall comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the national tariff published by NHSE/I in accordance with, section 116 of the Health and Social Care Act 2012, wherever applicable	Compliant	<ul style="list-style-type: none"> <li>• All NHS Foundation Trusts continue to be paid on the basis of block contract payments 'on account' for 1<sup>st</sup> April 2021 to 30<sup>th</sup> September 2021. The usual national tariff payment architecture and associated administrative/transactional processes have been suspended since 1<sup>st</sup> April 2020.</li> </ul>

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P5	<b>Constructive engagement concerning local tariff modifications</b> Obligation to engage constructively with Commissioners and to reach agreement locally before applying to NHSE/I for a modification	The Licensee shall engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of the Health and Social Care Act 2012, in any case in which it is of the view that the price payable for the provision of a service for the purposes of the NHS in certain circumstances or areas should be the price determined in accordance with the national tariff for that service subject to modifications	Compliant	<ul style="list-style-type: none"> <li>On 26 March 2020 revised arrangements for NHS contracting and payment during the Covid19 pandemic were issued by NHSE/I the principles of which</li> <li>Provide certainty for all organisations providing NHS funded services under the NHS standard contract that they will continue to be paid and</li> <li>Minimise the burden of formal contract documentation and contract management processes, so that staff can focus fully on the Covid19 response</li> <li>NHSEI have confirmed that the above arrangement will continue for the first half of 2021/22</li> </ul>
<b>SECTION 3: CHOICE OF COMPETITION</b>				
C1	<b>The right of patients to make choices</b> Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. Restricts providers on giving benefits in kind/pecuniary or other advantages as inducements to refer patients or commission services	Subsequent to a person becoming a patient of the Licensee and for as long as he or she remains such a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information about that choice can be found	Compliant	<ul style="list-style-type: none"> <li>EPUT has in place a service directory on the website setting out the services available</li> <li>Commissioners monitor EPUT's compliance with the legal right of choice as part of contract Monitoring in line with NHS Standard Contract requirements</li> <li>Risk Management Framework in place</li> <li>Conflicts of Interest policy and procedure in place</li> </ul>
C2	<b>Competition oversight</b> Prevents licensees from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of	The Licensee shall not: (a) enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the	Compliant	<ul style="list-style-type: none"> <li>EPUT is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should the Board decide to consider any significant changes such as mergers or joint ventures or when entering into agreements</li> <li>The Finance and Performance Committee terms of reference includes responsibility for ensuring adoption and best practice in terms of decision-making in line</li> </ul>

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	health care users	<p>NHS</p> <p>(b) engage in any other conduct which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS</p> <p>to the extent that it is against the interests of people who use health care services.</p>		<p>with guidance issued by NHSE/I and CMA in relation to investments (including potential acquisitions and mergers) and the Health and Social Care Act 2012 in respect of mergers, acquisitions and significant transactions</p> <ul style="list-style-type: none"> <li>• There are no anti-competitive proceedings against EPUT</li> <li>• Current work on new models of care is a Commissioner initiative for collaborative procurement meaning suppliers including all public and private suppliers will be able to supply but with a changed commissioning route. It is in the interest of health care users and not restricting or distorting competition to the extent that it is against the interests of health care users.</li> </ul>
<b>INTEGRATED CARE</b>				
<b>IC1</b>	<p><b>Provision of integrated care</b></p> <p>Obligation to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services</p>	<p>The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS:</p> <ul style="list-style-type: none"> <li>• to be integrated with the provision of such services by others</li> <li>• to be integrated with the provision of health-related services or social care services by others</li> <li>• to co-operate with other providers of health care services</li> </ul>	<b>Compliant</b>	<ul style="list-style-type: none"> <li>• EPUT utilises integrated care models to provide a range of healthcare services.</li> <li>• EPUT actively works with its partners through both formal and informal mechanisms to foster and enable integrated care</li> <li>• Various collaboration agreements with commissioners and other providers, e.g. section 75 agreements, joint service provision agreements, etc.</li> <li>• EPUT worked through a stakeholder engagement plan for the development of its service transformation work (new models of working)</li> <li>• EPUT is actively involved in three STPs</li> <li>• Some services are provided through partnership working with other local stakeholders (e.g. Essex Learning Disabilities services, work with Samaritans, etc.)</li> <li>• EPUT has representation on local partnership boards feeding into system wide working and planning</li> <li>• Partnership working and mutual, particularly between</li> </ul>

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				<p>physical and mental health services has increased to exceptional levels in the C19 crisis</p> <ul style="list-style-type: none"> <li>Transformation projects were moving forward in 2020/21 despite the Covid-19 pandemic.</li> <li>Stakeholders are involved in managing key shared risks through well-established contract management and partnership committee structures that oversee the operational delivery of and potential threats to services delivered in partnership</li> <li>System wide partnerships, working arrangements and mutual aid principles have proved invaluable during the C19 crisis</li> <li>Board Seminar held with partner STPs to promote system working</li> <li>EPUT actively working with other providers regarding new models of care (joint venture, joint collaborative etc.)</li> </ul>
<b>CONTINUITY OF SERVICES</b>				
<b>CoS1</b>	<p><b>Continuing provision of Commissioner Requested Services (CRS)</b> Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners</p>	The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service otherwise than in accordance with this Condition	<b>Compliant</b>	<ul style="list-style-type: none"> <li>All decisions around services are agreed with commissioners as part of the contract negotiations</li> <li>All changes to services provided by EPUT implemented through the relevant Contract Variations agreed jointly with the commissioners in the standard format issued by NHS England</li> <li>See P4 and P5 above</li> </ul>
<b>CoS2</b>	<p><b>Restriction on the disposal of assets</b> Obligation to keep an up-to-date register of relevant assets used in CRS and to seek NHSE/I's consent before disposing of these assets if NHSE/I has</p>	The Licensee shall establish, maintain and keep up to date, an asset register which complies with this Condition and guidance as may be issued from time to time by NHSE/I regarding: (a) the manner in which asset registers should be established, maintained and updated, and	<b>Compliant</b>	<ul style="list-style-type: none"> <li>The Finance Directorate maintain an asset register of all capitalised assets in line with accounting and NHSE/I guidance. This is subject to external audit on an annual basis and would include both relevant and non-relevant assets that are owned (or have had tenant improvements where leasehold)</li> <li>EPUT is only required to seek NHSE/I's consent for disposal of assets if NHSE/I had a concern about its</li> </ul>

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	concerns about the licensee continuing as a going concern	<p>(b) property including buildings, interests in land, intellectual property rights and equipment, without which a licence holder's ability to provide Commissioner Requested Services should be regarded as materially prejudiced.</p> <p>The Licensee shall not dispose of, or relinquish control over, any relevant asset except with the consent in writing of NHSE/I, and in accordance with this Condition if NHSE/I has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern</p>		<p>ability to continue as a going concern (currently does not apply). EPUT has a procedure on asset disposals which includes NHSE/I's requirement for relevant and non-relevant assets</p> <ul style="list-style-type: none"> <li>• Estates retains an asset register for leasehold assets in line with the Asset Register and Disposal of Assets Guidance for Providers of Commissioner Requested Services guidance</li> </ul>
CoS3	<p><b>Standards of corporate governance and financial management</b></p> <p>Obligation to adopt and apply systems and standards of corporate governance and management that would be seen as appropriate for a provider of NHS services and enable EPUT to continue as a going concern</p>	<p>The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:</p> <p>(a) suitable for a provider of the Commissioner Requested Services provided by the Licensee</p> <p>(b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern</p>	Compliant	<ul style="list-style-type: none"> <li>• EPUT has robust and comprehensive corporate and financial governance arrangements, systems and processes in place; these are updated according to changes in guidance/requirements</li> <li>• Compliance with the <i>Code of Governance</i> reviewed annually</li> <li>• Annual review of EPUT's constitution, SFIs, SoRD and DSoD against regulation and NHSE/I guidance</li> <li>• Annual review of Board standing committees' terms of reference against regulation, NHSE/I guidance and good practice</li> <li>• Well led self-assessment carried out annually, although this has been delayed in 2020/21 due to the Covid-19 pandemic.</li> <li>• Annual committee effectiveness review completed as part of establishment of command structure during the Covid-19 pandemic. A more comprehensive review is underway to support the development of an accountability framework.</li> </ul>

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				<ul style="list-style-type: none"> <li>Annual financial plan</li> <li>Monthly monitoring of performance, quality and finance by Finance and Performance Committee with quarterly review of governance arrangements (Board Governance Framework) and considered at each Board meeting</li> <li>Executive Operational Sub-Committee weekly meetings. New Executive Risk Management Group established.</li> <li>Risk management programme in place monitored through Finance and Performance Committee and considered at each Board meeting</li> <li>Independent Well led Review completed in 2019/20</li> </ul>
CoS4	<b>Undertaking from the ultimate controller</b> Obligation to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause EPUT to breach its licensing conditions	The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee, in the form specified by NHSE/I	N/A	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
CoS5	<b>Risk pool levy</b> Obligation to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails)	The Licensee shall pay to NHSE/I any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the Health and Social Care Act 2012, including sums payable by way of levy imposed under section 139(1) and any interest payable under section 143(10), by the dates by which they are required to be paid	N/A	<ul style="list-style-type: none"> <li>No payment requests received from NHSE/I; any payment required would be made in accordance with licence conditions</li> </ul>
CoS6	<b>Co-operation in the event of financial stress</b> Applies when a licensee fails a test of sound finances and	When NHSE/I has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern, the Licensee shall:	N/A	<ul style="list-style-type: none"> <li>EPUT would co-operate should the situation arise</li> </ul>

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	obliges the licensee to cooperate with NHSE/I	<p>(a) provide such information as NHSE/I may direct to Commissioners and to such other persons as NHSE/I may direct</p> <p>(b) allow such persons as NHSE/I may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them</p> <p>(c) co-operate with such persons as NHSE/I may appoint to assist in the management of the Licensee's affairs, business and property</p>		
CoS7	<p><b>Availability of resources</b> Obligation to act in a way that secures or has access to the required resources to operate Commissioner Requested Services (CRS)</p>	<p>The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.</p> <p>The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.</p> <p>The Licensee, not later than two months from the end of each Financial Year, shall submit to NHSE/I a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate in the form set out in this Condition and a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.</p>	Compliant	<ul style="list-style-type: none"> <li>• EPUT submits certificates/statements as required by NHSE/I</li> <li>• Operational plan superseded by Covid-19 pandemic planning including resources provided. Operational Plan developed for 2021/22 currently being crystallised for presentation to NHSE/I</li> <li>• Annual financial plan sets out details of resource requirements and efficiencies</li> <li>• Board receives at least annually report on establishment requirements.</li> <li>• EPUT has robust processes and systems in place to ensure it has the resources necessary to deliver its services</li> <li>• Predicted segmentation rating of 2 at end of March 2021</li> <li>• EPUT's reported financial performance was a £31k deficit as at end March 2021, with an adjusted financial performance of £1k deficit</li> </ul>

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		<p>This statement shall be approved by a resolution of the Board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.</p> <p>The Licensee shall publish each certificate in such a manner as will enable any person having an interest in it to have ready access to it</p>		
<b>NHS FOUNDATION TRUST CONDITIONS</b>				
FT1	<p><b>Information to update the register of NHS FTs</b> Obligations to provide information to NHSE/I</p>	<p>The Licensee shall ensure that NHSE/I has available to it written and electronic copies of the following documents:</p> <p>(a) the current version of Licensee's constitution</p> <p>(b) the Licensee's most recently published annual accounts and any report of the auditor on them</p> <p>(c) the Licensee's most recently published annual report</p> <p>and for that purpose shall provide to NHSE/I written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted or being published.</p> <p>The Licensee shall comply with any direction issued by NHSE/I concerning the format in which electronic copies of documents are to be made available or provided</p>	Compliant	<ul style="list-style-type: none"> <li>• EPUT provides NHSE/I with all information it requires taking account of the requirements under this provision</li> </ul>
FT2	<p><b>Payment to NHSE/I in respect of registration and related costs</b> Obligation to pay any fees</p>	<p>Whenever NHSE/I determines in accordance with section 50 of the NHS Act 2006 that the Licensee must pay to NHSE/I a fee in respect of NHSE/I's</p>	Compliant	<ul style="list-style-type: none"> <li>• NHSE/I has undertaken not to levy any registration fees on FTs without further consultation</li> <li>• All payments made are documented in the ledger with details of the date of invoice and date payment made.</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
	set by NHSE// NHSE/I	exercise of its functions under sections 39 and 39A of that Act the Licensee shall pay that fee to NHSE/I within 28 days of the fee being notified to the Licensee by NHSE/I in writing		To date no payments in respect of licence fees have been requested
<b>FT3</b>	<b>Provision of information to advisory panel</b> Obligation to provide information requested by the advisory panel set up to consider questions brought by Governors	The Licensee shall comply with any request for information or advice made of it under Section 39A(5) of the NHS Act 2006	N/A	<ul style="list-style-type: none"> <li>NHSE/I disbanded the panel in 2016/17</li> <li>EPUT has not received any such requests in relation to questions being referred to the advisory panel</li> </ul>
<b>FT4</b>	<b>NHS foundation trust governance arrangements</b> Provides NHSE/I continued oversight of FTs' governance. Obligation to ensure: <ul style="list-style-type: none"> <li>Effective Board and committee structures</li> <li>Clear responsibilities for Board and committees</li> <li>Clear reporting lines and accountabilities in EPUT</li> <li>Establish and implement effective processes/systems</li> </ul>	The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS in line with NHSE/I's guidance and this Condition	Compliant	<ul style="list-style-type: none"> <li>EPUT has sound corporate governance systems and processes in place</li> <li>Deloitte carried out an independent well-led assessment in March 2019</li> <li>CQC carried out a well-led assessment in July/August 2019 and an overall 'Good' rating was achieved with 'Good' for the well-led domain</li> <li>The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of EPUT, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically</li> <li>EPUT has carried out a comprehensive self-assessment against Corporate Governance related to this licence condition</li> </ul>
		FT4.4 The Licensee shall establish and implement: <ul style="list-style-type: none"> <li>(a) effective board and committee structures</li> <li>(b) clear responsibilities for its Board, for committees reporting to the Board</li> </ul>	Compliant	<ul style="list-style-type: none"> <li>Established an effective Board and committee structure with appropriate terms of reference</li> <li>Annual effectiveness reviews of Board and its committees with recommendations implemented. This was completed in 2020/21 as a result of the Covid-19 pandemic in relation to establishing a command</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
		<p>and for staff reporting to the Board and those committees</p> <p>(c) clear reporting lines and accountabilities throughout its organisation</p>		<p>structure. A full review is now underway.</p> <ul style="list-style-type: none"> <li>• Board committee governance structure chart maintained by Trust Secretary</li> <li>• Scheme of Reservation and Delegation sets out the powers reserved to the Board and those that the Board has delegated, i.e. the schedule of matters reserved to the Board. This is reviewed annually and reflects delegation derived from the constitution, accounting officer memorandum, standing orders, SFIs, NHSE/I <i>Code of Governance</i> and Board <i>Code of Conduct</i></li> <li>• Reviews of the corporate governance systems included in internal audit annual work programme</li> <li>• Review of Tier 2 Standing Committees took place in 2018. This is now being undertaken for 2021/22</li> </ul>
		<p>FT4.5 The Licensee shall establish and effectively implement systems and/or processes:</p> <p>(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations</p> <p>(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions</p> <p>(d) for effective financial decision-making, management and control (including but not restricted to</p>	Compliant	<ul style="list-style-type: none"> <li>• Minutes of Board meetings</li> <li>• Minutes of standing committees, sub-committees and sub-groups</li> <li>• Board assurance reports covering quality, performance, finance, corporate governance, clinical governance, information governance and compliance (see also CoS3 above)</li> <li>• Board Assurance Framework</li> <li>• Corporate Risk Register</li> <li>• Compliance with <i>Code of Governance</i> annual review</li> <li>• Annual review of compliance with provider licence</li> <li>• Annual Governance Statement</li> <li>• Annual / operational plan developed each year in line with NHSE/I requirements (see note above relating to Covid-19)</li> <li>• Regular monitoring of progress with objectives set out in the operational plan. Objectives have been reviewed and carried forward to reflect the situation with the Covid-19 pandemic, with a view these will be refreshed for 2020/21.</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
		<p>appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern)</p> <p>(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making</p> <p>(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p> <p>(g) to generate and NHSE/I delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery</p> <p>(h) to ensure compliance with all applicable legal requirements</p>		<ul style="list-style-type: none"> <li>Resources allocated to provision of internal legal services team and to secure appropriate legal advice when necessary</li> </ul>
		<p>FT4.6 The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided</p> <p>(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations</p> <p>(c) the collection of accurate, comprehensive, timely and up to date information on quality of care</p>	Compliant	<ul style="list-style-type: none"> <li>Board's annual internal self-assessment</li> <li>Board's external well-led assessment by Deloitte</li> <li>Board and Council Nominations Committees' minutes</li> <li>Board and Council Remuneration Committees' minutes</li> <li>Annual performance/appraisals for Executive and Non-Executive Directors including the CEO and Chair</li> <li>Quality Committee's terms of reference</li> <li>Minutes of Quality Committee</li> <li>Quality assurance reports to Board</li> <li>Quality Strategy and underpinning frameworks</li> <li>Quality Academy</li> <li>Patient Safety Strategy developed establishment the Board's focus on safety.</li> <li>Engagement Strategy and underpinning frameworks</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
		<p>(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care</p> <p>(e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources</p> <p>(f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate</p>		including Carers, Membership, etc.
		<p>FT4.7 The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence</p>	Compliant	<ul style="list-style-type: none"> <li>• Safe staffing reports to Finance and Performance Committee, Quality Committee and Board included in performance, quality and finance reports</li> <li>• Robust HR recruitment processes and selection criteria</li> <li>• Fit and Proper Persons Requirements incorporated in employment contracts, contracts and appointing letters</li> <li>• Fit and Proper Persons policy and procedure</li> <li>• Regular appraisals</li> <li>• Training and development initiatives (EPUT-wide)</li> </ul>
		<p>FT4.8 The Licensee shall submit to NHSE/I within three months of the end of each financial year:</p> <p>(a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at</p>	Compliant	<ul style="list-style-type: none"> <li>• All certification requirements signed on behalf of the Board by the Chair and CEO were met (note that NHSE/I no longer require submission of the self-certification)</li> <li>• Submissions reviewed by EOSC and Finance and Performance Committee before final approval by</li> </ul>

Ref	Sections/ Condition Summary	Condition on EPUT	EPUT Position	Evidence/Assurance
		<p>the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks</p> <p>(b) if required in writing by NHSE/I, a statement from its auditors either:</p> <p>(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or</p> <p>(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year</p>		<p>Board</p> <ul style="list-style-type: none"> <li>• NHSE/I have not required such statements</li> </ul>

<p><b>SUMMARY REPORT</b></p> <p><b>COUNCIL OF GOVERNORS PART 1</b></p>		<p><b>Agenda Item No: 8(b)</b></p>				
		<p><b>28 May 2021</b></p>				
<p><b>Report Title:</b></p>		<p><b>NHSE/I Self-Certification for 2020/21: Governor Training</b></p>				
<p><b>Report Lead:</b></p>		<p>Paula Grayson, Chair of the Council of Governors Training &amp; Development Committee</p>				
<p><b>Report Author(s):</b></p>		<p>Paula Grayson, Chair of the Council of Governors Training &amp; Development Committee</p>				
<p><b>Report discussed previously at:</b></p>		<p>CoG Training &amp; Development Committee 12 April 2021</p>				
<p><b>Level of Assurance:</b></p>		<p><b>Level 1</b></p>		<p><b>Level 2</b></p>	<p>✓</p>	<p><b>Level 3</b></p>

<p><b>Purpose of the Report</b></p>		
<p>This report provides the Council of Governors with action taken to agree the statement detailing the learning and training completed by Governors in 2020/21 to support the Board of Directors self-certification for NHSE/I</p>	<p><b>Approval</b></p>	<p>✓</p>
	<p><b>Discussion</b></p>	
	<p><b>Information</b></p>	

<p><b>Recommendations/Action Required</b></p>
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> <li>1 Note the contents of this report.</li> <li>2 Approve the statement (Appendix 1) as recommended by the CoG Training &amp; Development Committee to support the Board of Directors self-certification for NHSE/I</li> </ol>

<p><b>Summary of Key Issues</b></p>
<p>The CoG Training and Development Committee considered a report on the 12 April 2021 providing details of the learning and training undertaken by Governors in 2020/21. Committee members agreed to make a recommendation to the Council of Governors that the requirements in relation to Governor training should have been met.</p> <p>The report has been attached as Appendix 1 for consideration and approval by the Council of Governors and the outcome will be provided to the Board of Directors as part of the overall self-certification process.</p>

<p><b>Relationship to Trust Strategic Objectives</b></p>	
<p>SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services</p>	<p>✓</p>
<p>SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts</p>	<p>✓</p>
<p>SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve</p>	<p>✓</p>

<p><b>Relationship to Trust Corporate Objectives</b></p>	
<p>CO1: To provide safe and high quality services during Covid19 Pandemic</p>	
<p>CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans</p>	
<p>CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response</p>	
<p>CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance</p>	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	
3: Empowering	✓

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	
<b>Data quality issues</b>	
<b>Involvement of Service Users/Healthwatch</b>	
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	
<b>Financial implications:</b>	
<b>Capital £</b>	
<b>Revenue £</b>	
<b>Non Recurrent £</b>	
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed</b>	<b>YES/NO</b>   <b>If YES, EIA Score</b>

**Impact on Statutory Duties and Responsibilities of Council of Governors**

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	
<ul style="list-style-type: none"> <li>Governor Learning, Training and Development</li> </ul>	✓

**Acronyms/Terms Used in the Report**

CoG	Council of Governors		
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**Supporting Documents and/or Further Reading**

Appendix 1 – NHSE/I Self-Certification for 2020/21: Governor Training
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**Lead**

<b>Paula Grayson, Chair of the Council of Governors Training &amp; Development Committee</b>
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**NHSE/I SELF-CERTIFICATION FOR 2020/21  
GOVERNOR TRAINING****1.0 INTRODUCTION**

This report provides the Training & Development Committee with details of the learning and training completed by Governors in 2020/21 to support the Board of Directors self-certification for NHSE/I.

**2.0 REQUIREMENTS FOR SELF-CERTIFICATION**

The Health Social Care Act, Section 151(5) states in paragraph 10BA :

- “public benefit corporation must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.”

NHSE/I also requires the Board of Directors to submit a self-certification in respect of the training of Governors as follows:

- *The Board is satisfied that during the financial year most recently ended the licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role. (Statement 3)*

The Council of Governors Training & Development Committee will consider this report and make recommendations to the Council of Governors. The outcome will be used by the Board of Directors to support completion of the self-certification process.

**3.0 COUNCIL OF GOVERNORS SELF-CERTIFICATION INFORMATION**

**Activities carried out in 2020/21 which ensured Governors have been equipped with the skills and knowledge required for their roles, including relevant training.**

**3.1 Methods for holding NEDs to account:****3.1.1 Learning and Development in gaining assurance on NED appraisals**

The Council of Governors asked for assurance on the NED appraisal process. The process was delegated to the Remuneration committee members. Together with written reports prepared by the NEDs, points made in their appraisals were noted by the committee members. Each NED and the Chair, had been asked to provide an example of how one key objective had been achieved during the year, what learning had been gained and to give an example of holding an Executive Director to account. Based on learning from these documents, reviewing the formal appraisals, Remuneration committee members provided assurance on the process to the Council of Governors. This written process replaced the usual face-to-face meetings due to Covid-19 lockdown restrictions. At the time, appropriate technology had not yet been implemented in the Trust to allow reliable virtual meetings.

**3.1.2 Learning and development in understanding NEDs' contributions to the Trust**

Governors and NEDs, with the Chair, met quarterly at informal sessions with no Executive Directors present. Discussions allowed Governors to learn that either through their NED roles on Board sub-committees, or through their formal questions during the Board meetings

held in public, they had actively contributed to strategic matters, risk management and to holding the Executive Directors to account. The Chair continued to provide a paper for the CoG agenda, setting out the virtual triangulation visits, involvement and quality assurance activities taken on by each NED since the previous CoG. Two NEDs gave a formal presentation to the CoG of their assigned areas of special interest: emergency planning, resilience and response, cyber security, NED complaint reviews and cost improvement plans. Annual assurance reports from the Chairs of Board sub-committees have been presented to each Council of Governors' meeting: Remuneration and Nomination; Quality; People, Innovation and Transformation; Charitable Funds; Audit; Finance and Performance. NEDs and Governors worked together in small Task and Finish Groups on the Constitution and the CoG agenda.

### **3.2 Learning about Improving Governance**

#### **3.2.1 Gaining knowledge from meetings, assurance and decisions**

The CoG met on six occasions during 2020/21 (four ordinary meetings, two special meetings). Each CoG has included a private briefing from the Chief Executive, setting out key scrutiny issues around performance and future risks. Prior to the agreed CoG agenda changes, each CoG had considered the Trust scorecard including learning from: performance against safer staffing levels, Oversight Framework performance, quality priorities, financial targets and CQC Action Plans. From February 2021, the key performance issues and corresponding learning were summarised in the Chief Executive's report to CoG. Governors wishing to consider the full performance scorecard attend the Board of Directors' meetings.

Each CoG has included one-off information sessions on topics raised by Governors, the Chair or in preparation for contributing to the Quality Account, the Annual Report and Accounts, CQC visits and other statutory obligations such as choosing the local indicator for external assurance (Quality Account). A sequence of Board sub-committee assurance reports has allowed Governors to learn about the work of those committees. Papers presented to the Board meetings held in public have provided guidance to Governors on governance improvements, such as responding to issues raised during the Staff Survey, Freedom to Speak Up learning, improved wellbeing initiatives for staff, methods for learning from deaths, analysis to improve equality, diversity and inclusion, methods for improving outcomes for service users in clinical outcomes and safety.

#### **3.2.2 Gaining knowledge from analysis**

An efficacy review was carried out by using website based questionnaire asking questions of members of each CoG sub-committee. Governors were asked if they believed they were achieving the outcomes set out in the Terms of Reference for their own sub-committees as well as from the perspective of being a Governor more generally. Governors were asked if sub-committees were perceived to be effective. The results of the review were discussed at each sub-committee and at the CoG on 2 December 2020 to determine ways forward. The agreed changes are being progressed through the sub-committees and the CoG agenda.

#### **3.2.3 Learning about representing members and the public**

From the formation of EPUT in 2017/18, in matching the necessary constituencies based on the distribution of FT members and the existing services, the CoG required 40 Governors which was subsequently revised and reduced to 30. Membership committee has continued to review the representation of members and the public by the CoG elected Public Governors, the appointed Governors and Staff Governors.

At formation, Governors were allocated either two or three year terms to reduce future disruption and ensure some continuity. In summer 2020, the three year terms were

completed. Due to Covid-19 pressures, the ensuing vacancies were not immediately filled. Elections were postponed to August 2020 for Public Governors and Staff Governors across all 4 geographical constituencies. Having had content guidance from the Training and Development committee and active input from Governors, Prospective Governor Workshops were held in each constituency with FT members who indicated an interest in being a Governor. Prospective Governors were taken through the specially designed information pack "Prospective Governors Guide", with our current Governors explaining the practicalities of being a Governor. Governors encouraged Prospective Governors to stand for election. New Governors were welcomed in September. Following Covid-19 requirements, the former face-to-face induction process was made virtual through five shorter sessions with an Induction Workbook for the new Governors to gain knowledge about their statutory and assurance roles.

### **3.2.4 Learning how to listen to members and the public**

Pre Covid-19, "Your Voice" public meetings were held at intervals in each constituency. Learning from those sessions has been discussed at Training and Development committee meetings and at Membership committee meetings because in some locations, members had not necessarily seen the relevance of the Trust's public meetings to their personal requirements of the health service. Governors provided ideas for future "Your Voice" sessions which could increase relevance. Membership committee agreed to test a revised format for "Your Voice" sessions with the pilot "Take a Moment" event on 9 December 2020. A Staff Governor chaired the virtual session with topics presented by many people: mindfulness by a member of staff; how people can access 111 by a Public Governor; a nurse on the impact of Covid-19 on mental health services; explanation on Crisis Cafes and Crisis Sanctuaries noting some co-working with MIND; the Mid and South Essex video (bridge over troubled water). Members learned about key issues from the presenters and from the questions asked by the public. The next "Your Voice" will be held on 22 April 2021.

At the Annual Members virtual meeting, held on 23 September 2020 the Trust invited internal and external support organisations to attend in addition to the formal presentations from Executive Directors, the Chair and the Lead Governor. Trust departments and partner organisations explained their services, demonstrating how they work with service users and carers. Governors listened to the presentations and the content of the public questions, learning about the issues of importance to members.

Governors have been invited to listen to the weekly virtual staff briefings since January 2021 which allows them to understand issues for staff members of the Trust, given the questions are in the chat box, are read out and answered verbally or in writing.

### **3.2.5 Learning how to contribute to Trust plans**

On 30 July some Governors attended an NHS Provider Regional virtual workshop in which speakers provided a strategic policy update around responses to Covid-19. Through a virtual session, Governors were involved in consideration of the In-Patient Safety Strategy initially considering principles in a special Governor session on 18 December 2020, then at the CoG meeting on 18 February 2021. Governors took part in the virtual stakeholder discussions on the Equality Delivery System 2 (EDS2) on 25 March 2021. Stakeholders were asked to complete a questionnaire to assess how the presented evidence met two standards around service users' access to health, clinical outcomes, safety and experience and two standards for improving equality, diversity and inclusion for staff and from the leadership of the Trust.

During CoG meetings, Governors noted learning derived from Quality visits (carried out virtually by NEDs and Executive Directors) and from the report on 2019 PLACE visits, as well as from discussions with members to ensure that services are appropriately patient-centred,

safe, clinically appropriate and working towards the clinical transformation plans which have been set out at Board meetings and the CoG.

A joint Board of Director and CoG development session had been planned for 28 October 2020. The topic was amended to allow an introduction to the new Chief Executive, giving him the opportunity to set out his plans for EPUT's contribution to improving health and wellbeing for service users, carers and staff. The BoD/CoG joint development session held on 24 February 2021 allowed Governors, NEDs and Executive Directors to discuss Governors' contribution to the overall strategy of the organisation and to consider the potential impact of the new Inpatient Safety Strategy. Governors were encouraged to suggest any specific strategic topics to be included in future CoG meetings.

### **3.2.6 Learning how to contribute to inspections and assessments**

On 12 November, the NHS Providers induction session which included existing Governors as well as new Governors, offered guidance on contributing to assurance processes and how to ask questions.

Outcomes from the virtual Quality Visits and the 2019 PLACE visits, have been recorded and summarised in the subsequent CoG papers.

### **3.2.7 Learning how to contribute to triangulation and testing of services**

Governors have asked formal questions at Board meetings in the public section. Each question has been recorded with the responses either at the time or after further enquiry allowing Governors to gain knowledge from those responses. Governors share this information. During the quarterly Governor informal sessions without the Chair/NEDs/Executive Directors, they discussed points made by members of the public, service users, carers and their own experiences. A Governor recorded questions which are sent to the Chair and Trust Secretary. The questions and responses have been recorded to become part of the CoG papers, demonstrating active testing of services and providing learning. A rolling Action Plan features in the Part 2 papers, setting out the questions and providing responses from relevant Trust staff.

Governors receive the staff Wednesday Weekly and Covid-19 bulletins. These e-mails provide regular updates on clinical issues including: reminders to complete patient records consistently; to follow Covid-19 secure working arrangements; to ensure safe use of Personal Protective Equipment to protect services users and other staff; to obtain a vaccination; to use the available increased resources to support wellbeing.

## **3.3 Learning how to improve active membership**

### **3.3.1 Learning how to analyse and improve membership effectiveness**

The Membership Framework written at formation was further reviewed and revised by the Membership committee members. Staff had previously presented a comprehensive analysis of membership data allowing Governors to understand the key details. Membership committee members discussed the extent to which members demonstrate active interest in the Trust, other than voting in elections. The Trust had a large public membership base many of whom could only be contacted by post. In the previous year, Membership committee members had recommended that members should be contacted to be asked if they wished to continue as members. If they wished to remain in membership, they were asked to provide e-mail addresses and asked how they wished to receive communications from the Trust. This initial data cleansing activity reduced the membership database to approximately 5,400 of more active and interested members. Membership committee members recommended a further data cleansing exercise should be carried out for the whole Trust, explaining to members which services exist in which constituency. Governors have discussed the Membership committee reports in CoG meetings.

### **3.3.2 Learning how to gain value from Volunteers**

Since September 2020, Governors have been receiving the South East Essex Mental Health Partnership Forum briefing via the Patient Experience Team. The e-mail with comprehensive attachments is sent to volunteers, service users, carers and other stakeholders. Governors have been learning about the contributions available from volunteers and the issues arising for service users and carers.

Governors joined with volunteers in the EDS2 virtual session on 25 March to learn about the direct and indirect support which volunteers give to service users and carers.

### **3.4 Governors learning how to understand their role and the Trust**

#### **3.4.1 Learning from induction**

Governors who joined during 2020/21 in line with Covid-19 restrictions, were provided with five shorter virtual sessions using an Induction Workbook for the new Governors to gain knowledge about their statutory and assurance roles. The Induction Workbook included the Governor Work Plan designed by the Governance committee. Five 2020 Induction programme sessions were held. Session 1 (4 September) was only for new Governors to be welcomed by the Chair of the Trust summarising the role of the Governor and how that translated into their work within the responsibilities of the CoG. Existing Governors were invited to Session 2 (16 September) with the new Governors to be taken through the Workbook and the key statutory requirements of Governors in the context of the Trust. On 16 October, staff presented details of some services to assist new and old Governors to understand the depth and breadth of the clinical interventions made for service users in mental health and community services. The fourth induction session (12 November) was facilitated by NHS Providers, focusing on Governors' statutory duties, understanding the concepts and methods for holding the Board to account, informing Governors of key topics/issues which affect their role, practising formulating effective questions and offering a forum for Governors to meet and learn from each other. The fifth induction session was on 8 December continuing the skills development process. New and existing Governors attended these sessions to hear updates on responsibilities for working together for the benefit of service users, carers, members and the public.

#### **3.4.2 Co-ordination of learning by the Training and Development committee**

At formation and as part of the Trust's governance framework, a Council of Governors Training and Development Committee was established to provide support to the Council on training and development. Their Terms of Reference include ensuring that effective and robust training and development arrangements are in place to develop Governors' skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the CoG. The Governor Learning & Development Pathway was designed and used to cover the life-cycle of Governors from prospective Governors, through induction and additional ongoing learning and development to support the role. During 2020/21, there were 132 training, learning and developmental subjects provided at special training sessions, special briefings, Council of Governor meetings, information from other Governors and at the Board of Directors' meetings held in public.

#### **3.4.3 Developing skills**

The first induction session facilitated by NHS Providers (12 November 2020), allowed Governors to share their values, then improve their skills in listening, questioning, challenging, debating and supporting others. The second skills induction session from NHS Providers (8 December 2020) explored finance, business skills and quality matters, including a reflection session on what Governors could take away from the course.

### **3.4.4 Developing knowledge of the Trust and the wider health economy**

Special briefing sessions were held in 2020/21 on topics requested by Governors or relevant to the Trust's values, vision and business plans: understanding performance data; transitions from children to adult services; impact of Covid-19 on community health services. Speakers were mainly Trust middle and senior managers and Board members. Governors asked questions for clarification and to understand how services were being improved. Governors challenged speakers when services still needed improvements or CIPs were not delivering the necessary recurrent savings. Governors attending the monthly Board meetings have gained knowledge from the presentation at the beginning of each Board and from annual reports for example: actions to address health inequalities; the mental health service users' survey outcomes; Duty of Candour report; reducing restrictive practice report; Workforce Race Equality Standards; Workforce Disability Equality Standards; Freedom to Speak up reports; safe working of junior doctors; mortality report; ligature risk management.

Governors were kept regularly informed about key facts during the year through the Chief Executive/Deputy Chief Executive's weekly e-mail to staff; the Trust's internal Governor e-newsletter and briefings by the Chief Executive. Governors' knowledge has been kept up to date through the sharing of best practice and centrally published information. All information was received in a timely manner.

### **3.4.5 Governors gaining and sharing knowledge more widely**

Governors attend external development events or webinars either through Trust membership of NHS organisations (NHS Providers, NHS Confederation, STPs) or from their own membership (Kings Fund, CCGs). They summarise and share experiences by completing a feedback form which is circulated to all Governors. On 3, 4 and 5 November 2020, three Governors attended some or all of the virtual sessions of the NHS Provider Governor Conference learning from national speakers. In the chat box they shared experiences with Governors in other Trusts. The Lead Governor continued to attend the quarterly Regional Governors' Network to discuss key issues, learn from one another and share with their own Governors: finding ways for Governors to have virtual clinical tours; an increase in Out of Area Placements for CAMHS; Governor terms of office; dealing with difficult Governors; provider collaborative for the new care models. The Lead Governor as a member of the NHS Providers Governor Advisory Committee has provided regular updates on the work of this group at CoG meetings, including: NHSE/I is moving away from payment by results; governance issues as the ICSs are created which should be co-terminous with each CCG given there are no proposals for lay Governors in the White Paper.

		<b>Agenda Item No: 8(c)</b>			
<b>SUMMARY REPORT</b>	<b>COUNCIL OF GOVERNORS PART 1</b>	<b>28 May 2021</b>			
<b>Report Title:</b>	<b>Changes to the Council of Governors and Membership of its Committees</b>				
<b>Report Lead:</b>	Chris Jennings, Assistant Trust Secretary				
<b>Report Author(s):</b>	Chris Jennings, Assistant Trust Secretary				
<b>Report discussed previously at:</b>	CoG Governance Committee 25 January 2021				
<b>Level of Assurance:</b>	<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>

<b>Purpose of the Report</b>		<b>Approval</b>	
<ul style="list-style-type: none"> <li>To note the changes to the composition of the Council of Governors.</li> <li>To note the current vacancies for sub-committees of the Council of Governors.</li> <li>To note the attendance at Council of Governor Committee meetings (Appendix 1).</li> </ul>		<b>Discussion</b>	
		<b>Information</b>	✓

<b>Recommendations/Action Required</b>
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> <li>Note the contents of this report.</li> <li>Volunteer for membership of CoG Sub-Committees.</li> </ol>

<b>Summary of Key Issues</b>
<p><b>Composition</b></p> <p>Due to the sad passing of Jean Juniper there is a vacancy in West Essex &amp; Hertfordshire. The position was offered to David Bamber as the next highest polling candidate and the Trust Secretary's Office is in the process of ensuring all paperwork is completed.</p> <p><b>Committee Membership</b></p> <p>The following sub-committees have vacancies:</p> <ul style="list-style-type: none"> <li>Governance Committee (2 x vacancies)</li> <li>Membership Committee (2 x vacancies)</li> <li>Training &amp; Development Committee (3 x vacancies)</li> <li>Nominations Committee (1 x vacancy)</li> </ul> <p>The Remuneration Committee currently has full membership.</p> <p><b>Governor attendance</b></p> <p>Governor attendance at general meetings is reviewed in line with the agreed procedure for monitoring attendance. A summary of attendance to date is attached at Appendix 1. No Governors have missed two meetings in succession (excluding extra-ordinary meetings).</p>

<b>Relationship to Trust Strategic Objectives</b>	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

<b>Relationship to Trust Corporate Objectives</b>	
CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

<b>Which of the Trust Values are Being Delivered</b>	
1: Open	✓
2: Compassionate	
3: Empowering	✓

<b>Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:</b>		
<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>		
<b>Data quality issues</b>		
<b>Involvement of Service Users/Healthwatch</b>		
<b>Communication and consultation with stakeholders required</b>		
<b>Service impact/health improvement gains</b>		
<b>Financial implications:</b>		
	<b>Capital £</b>	
	<b>Revenue £</b>	
	<b>Non Recurrent £</b>	
<b>Governance implications</b>		✓
<b>Impact on patient safety/quality</b>		
<b>Impact on equality and diversity</b>		
<b>Equality Impact Assessment (EIA) Completed</b>	<b>YES/NO</b>	<b>If YES, EIA Score</b>

<b>Impact on Statutory Duties and Responsibilities of Council of Governors</b>	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	
<ul style="list-style-type: none"> <li>Ensuring effective and robust governance processes are in place and operating effectively, to enable the Council of Governors to fulfil its statutory duties</li> </ul>	✓

**Acronyms/Terms Used in the Report**

CoG	Council of Governors		
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**Supporting Documents and/or Further Reading**

Appendix 1: Council of Governors Meeting Attendance

**Lead**

**Chris Jennings**  
**Assistant Trust Secretary**

Governor	Notes	22 May 2020		12/06/2020 (Extra-Ordinary)		23 September 2020		02 December 2020		16/12/2020 (Extra-Ordinary)	18 February 2021		Meetings Attended	Total No of Meetings
		Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 2	Part 1	Part 2		
Brian Arney		√	√	√	√	√	√	√	√	√	√	√	6	6
David Bamber	Until June 2020	√	√	√	√	NR	NR	NR	NR	NR	NR	NR	2	2
Roy Birch	Until June 2020	S	S	S	S	NR	NR	NR	NR	NR	NR	NR	0	2
Keith Bobbin		A	A	√	A	√	√	A	A	√	x	x	3.5	6
Lara Brooks	From September 2020					√	√	√	√	A	√	x	3.5	4
Laurie Burton		√	√	√	√	x	x	x	x	x	√	x	3.5	6
Peter Cheng		√	√	√	√	√	√	√	√	√	√	√	6	6
Dianne Collins		A	A	√	√	√	√	A	A	√	√	x	4.5	6
Mark Dale		√	√	√	√	A	A	√	√	√	√	√	5	6
Jared Davis	From September 2020					√	√	√	x	x	x	x	1.5	4
Jim Dean		√	√	√	√	A	A	NR	NR	NR	NR	NR	2	3
Mark Durham	From December 2020	NR	NR	NR	NR	NR	NR	NR	NR	NR	√	√	1	1
Pippa Ecclestone		√	√	√	√	√	√	√	√	√	√	√	6	6
Marianne Evans		√	√	A	A	A	A	√	√	A	x	x	2	6
Diane Fairchild	From August 2020					x	x	x	x	x	x	x	0	4
Paula Grayson		√	√	√	√	√	√	√	√	√	√	√	6	6
Ruth Jackson		A	A	A	A	√	√	NR	NR	NR	NR	NR	1	3
Emmanuel Jessa	From September 2020					√	√	x	x	√	x	x	2	4
John Jones		√	√	√	√	√	√	√	√	√	√	√	6	6
Jean Juniper	From September 2020 - February 2021					√	√	√	√	A	A	A	2	4
Gillian Lock-Bowen		√	√	√	√	NR	NR	NR	NR	NR	NR	NR	2	2
Bob Massey	From August 2020 - November 2020					√	√	NR	NR	NR	NR	NR	1	1
Pam Madison	From October 2020					NR	NR	√	√	√	√	√	3	3
Nosi Murefu		A	A	A	√	√	A	A	A	x	√	√	2	6
Ian Plunkett		NR	NR	NR	NR	NR	NR	NR	NR	NR	√	x	0.5	1
Sam Rakusen	Until December 2020	√	√	√	√	√	x	x	x	x	NR	NR	2.5	5
Tracy Reed		√	√	√	√	√	√	√	√	√	√	√	6	6
Tanya Robertson	Until September 2020	x	x	x	x	x	x	NR	NR	NR	NR	NR	0	3
David Rolph	From September 2020 - November 2020					√	√	NR	NR	NR	NR	NR	1	1
Elizabeth Rotherham	From September 2020					A	A	√	x	√	√	x	2	4
Stuart Scrivener	From November 2020					NR	NR	√	√	√	√	√	3	3
Kate Shilling		√	√	x	x	√	x	√	x	x	√	√	3	6
Sue Shinnick		√	√	√	√	√	√	x	x	A	√	x	3.5	6
David Short	From September 2020					√	√	√	√	√	√	√	4	4
Clive Travis	Until June 2020	x	x	x	x	NR	NR	NR	NR	NR	NR	NR	0	2
Michael Waller		√	√	√	√	A	A	√	x	√	√	√	4.5	6
Paul Walker	From September 2020					A	A	√	√	√	√	√	3	4
Matt Webster	From October 2020					NR	NR	√	x	x	√	√	1.5	3
Clive White	Until June 2020	√	√	√	√	NR	NR	NR	NR	NR	NR	NR	2	2
Andy Wood	Until June 2020	√	A	√	√	NR	NR	NR	NR	NR	NR	NR	1.5	2
Judith Woolley		√	√	√	√	√	√	√	√	√	√	√	6	6
Alex Zihute	Until June 2020	√	√	A	A	NR	NR	NR	NR	NR	NR	NR	1	2

Key	
Attended	√
Apologies Received	A
No Apologies Received	x
Sabbatical / Agreed Absence	S

Not Required	NR
Holiday	H

		<b>Agenda Item No: 8(d)</b>			
<b>SUMMARY REPORT</b>	<b>Council of Governors Part 1</b>	<b>28 May 2021</b>			
<b>Report Title:</b>	<b>Your Voice and Membership Update</b>				
<b>Report Lead:</b>	Tina Bixby, Assistant Trust Secretary				
<b>Report Author(s):</b>	Tina Bixby, Assistant Trust Secretary				
<b>Report discussed previously at:</b>	-				
<b>Level of Assurance:</b>	<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>

<b>Purpose of the Report</b>		
To update the Council on Membership plans and initial feedback on the virtual Your Voice held on MS teams on 18 May 2021.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	✓

<b>Recommendations/Action Required</b>
<p>The Council of Governors is asked to</p> <ul style="list-style-type: none"> <li>• note the contents of the report</li> <li>• request any further information.</li> </ul>

<b>Summary of Key Issues</b>
<p>The Membership committee met on 22 April and agreed the outline agenda for the upcoming Your Voice meeting. The original date of the Your Voice was planned for April 2021 and was subsequently postponed due to a period of purdah.</p> <p>The meeting Agenda covered services in each Constituency, as follows:</p> <ul style="list-style-type: none"> <li>• Out of Hospital Model - West Essex</li> <li>• Eating Disorders – North East Essex and Suffolk</li> <li>• Mass Vaccinations – Essex Mid &amp; South and Bedford, Luton and Milton Keynes and Rest of England</li> </ul> <p>We also presented a video on the pilot of the Parent Infant Mental Health Service.</p> <p>The meeting was Chaired by Reverend Paul Walker and attended, by Governors, members and the Chair of the Trust.</p> <p>This session was run as a Teams meeting, attendees were required to ask for the link by contacting the TSO office. The attendees followed the etiquette requested of them and asked questions using the hand facility.</p> <p>Once the presentations from they are received they will be sent with Feedback forms to the all attendees, the feedback will be reviewed by the Membership Committee and considered for future meeting plans.</p> <p>The membership committee agreed that whilst the virtual meetings were the only current option available, they are keen to return to in person meetings and would review the situation at the next Membership meeting, planned for September 2021.</p> <p>Future membership plans are currently being discussed with the Communications Team, the refreshed Engagement strategy and Communications Strategy are under review. Once completed the Membership Framework will be reviewed.</p>

### Relationship to Trust Strategic Objectives

SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	

### Relationship to Trust Corporate Objectives

CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

### Which of the Trust Values are Being Delivered

1: Open	✓
2: Compassionate	✓
3: Empowering	✓

### Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	
<b>Data quality issues</b>	
<b>Involvement of Service Users/Healthwatch</b>	✓
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	
<b>Financial implications:</b>	
Capital £ Revenue £ Non Recurrent £	
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed?</b>	<b>YES/NO</b>
	<b>If YES, EIA Score</b>

### Impact on Statutory Duties and Responsibilities of Council of Governors

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

**Acronyms/Terms Used in the Report**

**Supporting Documents and/or Further Reading**

**Lead**

**Tina Bixby  
Assistant Trust Secretary**

<b>SUMMARY REPORT</b>	<b>COUNCIL OF GOVERNORS PART 1</b>		28 May 2021			
<b>Report Title:</b>		<b>Governors Observing at Standing Committees</b>				
<b>Report Lead:</b>		Chris Jennings, Assistant Trust Secretary				
<b>Report Author(s):</b>		Chris Jennings, Assistant Trust Secretary				
<b>Report discussed previously at:</b>						
<b>Level of Assurance:</b>		<b>Level 1</b>	✓	<b>Level 2</b>	<b>Level 3</b>	

**Purpose of the Report**

This report provides details of actions previously identified by Quality Visits and details of a recently completed Virtual Visit to substance misuse services.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	✓

**Recommendations/Action Required**

The Council of Governors is asked to:

- 1 Note the contents of this report.

**Summary of Key Issues**

The Council of Governors approved a procedure on the 18 February 2021 for Governors to observe Board of Director standing committees. The purpose of the procedure was to support existing arrangements for Governors to fulfil the statutory duty of holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The procedure was approved as a six-month pilot when a review would take place to see if any changes were required.

Following the approval of the procedure, Governors were asked to volunteer to become observers on the standing committees, including a statement of the reasons, skills and experiences for becoming an observer on a particular standing committee. A list was compiled following receipt of all volunteers:

Standing Committee	Nominated Observer	Back-Up	Reserve List
Audit Committee	Paula Grayson		
Finance & Performance Committee	John Jones		
People, Innovation & Transformation Committee	Keith Bobbin		
Quality Committee	Pam Madison	Nosi Murefu	David Short

The Charitable Funds Committee does not currently have a Nominated Observer.

A feedback form was developed to provide Governors with a structured form to provide feedback. Comments have been made that the form is too detailed and therefore this has been attached to this report for Governors to provide any comments. It should be noted that the feedback should reflect the statutory duty of holding NEDs to account and not the operational work of the Committee itself.

**Relationship to Trust Strategic Objectives**

SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

**Relationship to Trust Corporate Objectives**

CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	✓
3: Empowering	✓

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	✓
<b>Data quality issues</b>	
<b>Involvement of Service Users/Healthwatch</b>	
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	
<b>Financial implications:</b>	
<b>Capital £</b> <b>Revenue £</b> <b>Non Recurrent £</b>	
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed</b>	<b>YES/NO</b>
	<b>If YES, EIA Score</b>

**Impact on Statutory Duties and Responsibilities of Council of Governors**

Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

**Acronyms/Terms Used in the Report**

CoG	Council of Governors		
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**Supporting Documents and/or Further Reading**

Governors Observing on Interview Panels Feedback Form

**Lead**

**Chris Jennings**  
**Assistant Trust Secretary**

**Governor Observer Feedback Form from the  
Board of Directors Standing Committees**

<b><u>Board of Directors Standing Committees Feedback</u></b>	
<b>Name of Governor Observing</b>	
<b>Date of Meeting</b>	
<b>Name of Meeting</b>	
<b>Name of person Chairing the Meeting</b>	
<b>Questions to Consider</b>	<b>Response</b>
<b>How was the structure of the meeting?</b> Consider: <ul style="list-style-type: none"> <li>• Did the meeting begin on time?</li> <li>• Was there a set agenda?</li> <li>• Was the agenda followed?</li> </ul>	
<b>What were the quality of the papers?</b> Consider: <ul style="list-style-type: none"> <li>• Were they clear and understandable?</li> <li>• Did they convey a clear message?</li> <li>• Were risks clearly highlighted?</li> </ul>	
<b>How were the discussions at the meeting?</b> Consider: <ul style="list-style-type: none"> <li>• How were the reports presented?</li> <li>• Were discussions detailed and of good quality?</li> <li>• Was there a sufficient level of challenge from all the NEDs in attendance?</li> </ul>	
<b>How was the meeting chaired by the Non-Executive Director?</b> Consider: <ul style="list-style-type: none"> <li>• Did they ensure the agenda was sufficiently covered?</li> <li>• Did they allow for good discussion and control interruptions?</li> <li>• Did they challenge / ask questions themselves if required?</li> </ul>	
<b>Any general comments about the meeting?</b> Consider <ul style="list-style-type: none"> <li>• Were there any particular positives you would like to raise?</li> </ul>	

**Appendix 1**  
**Council of Governors Part 1**  
**Agenda Item: 8(e)**  
**28 May 2021**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Were there any potential areas for improvement on the structure of the meeting that you would like to raise?</li></ul> |  |
|--|--|

Once complete, please send the form to the Chair of the Trust and Trust Secretary's Office

<b>SUMMARY REPORT</b>		<b>COUNCIL OF GOVERNORS PART 1</b>				<b>Agenda Item No: 9(b)</b>	
						28 May 2021	
<b>Report Title:</b>		<b>Quality Visits / Virtual Visit</b>					
<b>Report Lead:</b>		Chris Jennings, Assistant Trust Secretary					
<b>Report Author(s):</b>		Chris Jennings, Assistant Trust Secretary					
<b>Report discussed previously at:</b>							
<b>Level of Assurance:</b>		<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>	

<b>Purpose of the Report</b>		
This report provides details of actions previously identified by Quality Visits and details of a recently completed Virtual Visit to substance misuse services.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	✓

<b>Recommendations/Action Required</b>
The Council of Governors is asked to: <ol style="list-style-type: none"> <li>Note the contents of this report.</li> </ol>

<b>Summary of Key Issues</b>
<p><b>Quality Visits</b></p> <p>Prior to the Covid-19 pandemic, the Council of Governors undertook a series of Quality Visits to Trust services. A visiting team consisting of an Executive Director, Non-Executive Director and three Governors completed the visits, using an audit tool developed using the principles of the <i>15 Steps</i> developed by NHSI. The <i>15 Steps</i> principles considered the experiences of patients within the first 15 steps of accessing a service.</p> <p>The Quality Visit programme was suspended due to the implementation of national restrictions as a result of the Covid-19 pandemic, with the last visit completed in January 2020 to Beech Ward, Rochford Hospital. Assurance has been requested to confirm if all actions identified as a result of the Quality Visit programme had been addressed.</p> <p>The report for the Council of Governors in February 2020 identified one action that had not been fully resolved, relating to a visit to Bernard Ward, Clacton-on-Sea in October 2019:</p> <p><i>“There were two preceptors in training that had just started on the ward, however, TASI training was not available until December and February. The visiting team felt the staff could be a risk on the ward and cannot respond to incidents. It was queried whether this training could be included as part of a longer induction training before going onto the wards.”</i></p> <p>This is now being taken forward by the Executive Chief Operating Officer.</p> <p><b>Virtual Visit (April 2021)</b></p> <p>A Virtual Visit was completed on the 26 April 2021 with the Substance Misuse Services (STaRs). The virtual visit was completed by Dr. Mateen Jiwani, Non-Executive Director, Amanda Sherlock, Non-Executive Director and Governors Pippa Ecclestone, Paula Grayson and David Short.</p> <p>The virtual visit was completed via Microsoft Teams and attended by nine staff members, including the director of the service. The visit was completed as a discussion with members of staff focusing on key achievements, challenges and any support needs they may have.</p>

- The service was brought together at scale and all work together in a streamlined fashion across the region.
- All partner organisation (NHS and External) attend clinical meetings. The service is currently the system lead provider within the partnership.
- The service continued throughout the Covid-19 pandemic and was the first service to be given Covid-19 secure status. 100% of staff have been vaccinated.
- There was said to be a strong working relationship with Pharmacists in the community.
- The service has reduced agency staff from 30% to less than 5%.

There was one potential issue identified regarding information about the service being included on the Trust website. This issue has been forward to Communications to take forward.

**Relationship to Trust Strategic Objectives**

SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

**Relationship to Trust Corporate Objectives**

CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	✓
3: Empowering	✓

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	✓				
<b>Data quality issues</b>					
<b>Involvement of Service Users/Healthwatch</b>					
<b>Communication and consultation with stakeholders required</b>					
<b>Service impact/health improvement gains</b>					
<b>Financial implications:</b>					
<b>Capital £</b> <b>Revenue £</b> <b>Non Recurrent £</b>					
<b>Governance implications</b>	✓				
<b>Impact on patient safety/quality</b>					
<b>Impact on equality and diversity</b>					
<b>Equality Impact Assessment (EIA) Completed</b>	<table border="1"> <tr> <td>YES/NO</td> <td>If YES, EIA Score</td> </tr> <tr> <td></td> <td></td> </tr> </table>	YES/NO	If YES, EIA Score		
YES/NO	If YES, EIA Score				

**Impact on Statutory Duties and Responsibilities of Council of Governors**

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	✓
Another non-statutory responsibility of the Council of Governors (please detail):	

**Acronyms/Terms Used in the Report**

CoG	Council of Governors		
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**Supporting Documents and/or Further Reading**

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**Lead**

**Chris Jennings**  
**Assistant Trust Secretary**

<b>SUMMARY REPORT</b>	<b>COUNCIL OF GOVERNORS PART 1</b>					<b>28 May 2021</b>	
<b>Report Title:</b>	<b>Lead and Deputy Lead Governor Update</b>						
<b>Report Lead(s)</b>	John Jones, Lead Governor and Pippa Ecclestone, Deputy Lead Governor						
<b>Report Author(s):</b>	John Jones, Lead Governor and Pippa Ecclestone, Deputy Lead Governor						
<b>Report discussed previously at:</b>							
<b>Level of Assurance:</b>	<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>		

<b>Purpose of the Report</b>	
This report provides an update on activities involving the Lead and Deputy Lead Governors	<b>Approval</b>
	<b>Discussion</b>
	<b>Information</b>

<b>Recommendations/Action Required</b>
The Council of Governors is asked to: 1. Note the contents of the report.

<b>Summary of Key Issues</b>
The report attached provides information in respect of: <ul style="list-style-type: none"> <li>• Our role as your Lead and Deputy Lead Governor</li> <li>• The Regional Network of Lead Governors</li> <li>• Provider collaborative for the New Care Models</li> <li>• Governors as Observers at Board Standing Committees.</li> <li>• ICS</li> <li>• NHS Bill</li> <li>• Managing Covid-19</li> <li>• Consulted by new MH Governor representatives on the NHS Providers GAC</li> <li>• Meeting with Chair</li> </ul>

<b>Relationship to Trust Strategic Objectives</b>	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	✓
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	✓

**Relationship to Trust Corporate Objectives**

CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
CO3: Deliver our people agenda for 2020/21 with adjustments in line with the Covid19 response	
CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	
3: Empowering	

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	
<b>Data quality issues</b>	
<b>Involvement of Service Users/Healthwatch</b>	
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	
<b>Financial implications:</b>	<b>Capital £</b> <b>Revenue £</b> <b>Non Recurrent £</b>
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed?</b>	<b>YES/NO</b>   <b>If YES, EIA Score</b>

**Impact on Statutory Duties and Responsibilities of Council of Governors**

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
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Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

**Acronyms/Terms Used in the Report**

NEDs	Non-Executive Directors	LGs	Lead Governors
NHSE/I	NHS England / Improvement	FT	Foundation Trust

**Supporting Documents and/or Further Reading**

Main Report
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Lead



**John Jones**  
**Lead Governor**

**Pippa Ecclestone**  
**Deputy Lead Governor**

**UPDATE REPORT FROM THE LEAD AND DEPUTY LEAD GOVERNORS****1 Purpose of Report**

The purpose of this report is to provide an update on activities involving the Lead and Deputy Lead Governors.

**2 Summary****2.1 Background**

Foundation Trusts (FTs) are required by NHS England/Improvement (formerly operating as Monitor) to have in place a nominated Lead Governor who can be a point of contact for NHSE/I and can liaise with NHSE/I, on behalf of Governors, in circumstances where it would be inappropriate for NHSE/I to contact the Chair and vice versa. The Council of Governors agreed at its meeting on 16 August 2017 that in addition to the Lead Governor, elections should be held to appoint a Deputy Lead Governor to provide for cover as well as succession planning.

**2.2 Our role as your Lead and Deputy Lead Governor**

Our role as a Governor is the same as for all Governors. There may, however, be occasions when we are asked to represent Governors at meetings, coordinate consultations, etc. For this reason, it is important that we get to know our fellow Governors and to understand their views. We would be pleased to hear from Governors, and also to catch up with you at the various Council meetings as well as at the Board of Director meetings which we usually attend. We will also ensure that we provide you with regular updates on the work in which we are involved in our Lead and Deputy Lead Governor roles.

**2.3 The Regional Network of Lead Governors**

Colleagues may recall that this group was established by myself in early 2017 and meets every 3 months, and the last meeting was held virtually on 1<sup>st</sup> March 2021 and had 15 attendees.

**2.3.1 Provider Collaborative for the New Care Models**

We received an update presentation about the Provider Collaborative. This was in relation to specialist MH services commissioned by NHSE/E and the 6 MH providers in the region.

**2.3.2 Governors as Observers at Board Sub-Committees**

This is now expanding with not only at EPUT but also at least 2 other FTs in the region, and with no significant push-back from Directors.

**2.3.3 ICS**

Meetings of Governors from the FTs within an ICS are starting up and appear to have been well-received by Governors and the ICS management.

**2.3.4 NHS Bill**

An agreed response was submitted to the DHSC for consideration in relation to this White Paper.

**2.3.5 Managing Covid-19**

An extensive discussion took place around how the various FTs in the region were handling the pandemic. What was clear was that the approaches varied considerably but the result

was generally favourable and that the staff have been extremely adaptable to new ways of working.

## 2.4 Consulted by new MH Governor representative on the NHS Providers GAC

I can report I was not successful in being re-elected as the MH Governor on the Governor Advisory Committee at NHS Providers. I was consulted by the new representative (from Blackpool FT) and was able to give a steer on how to approach the role. I can also report that we do have a local Governor on the GAC, representing the Staff Governor position from the Norfolk and Suffolk FT, which is a MH provider.

## 2.5 Meeting with Chair

The scheduled meeting with the Chair to discuss and adjust the Agenda for this Council meeting was held virtually on 23 April 2021. Additionally, we raised other issues which as Governors we felt should be aired with the Chair. We are grateful for the open and receptive way in which these meetings are conducted.

## 2.6 Other Matters

May we take this opportunity to thank those of you who have raised queries with either of us. We hope that the answers which you have received have been satisfactory. Please let either of us have any comments on how we are doing as your Lead and Deputy Lead Governors.

May we also thank colleagues for their co-operation with the Trust as we attempt to carry on using a virtual meeting process. We recognise that this is not ideal as so much is achieved by networking at Council and by the usual non-verbal communication, which is lost in a virtual meeting. However, we recognise that this is the best way to maintain contact and involvement with Governors. We are also grateful for the assistance given by the Trust Secretary's Office during these difficult times. Their patience and understanding is a real credit to them all.

## 3 Action Required

The Council of Governors is asked to:

- 1 Note the contents of the report.

Report prepared by



John Jones  
Lead Governor  
Public Governor  
28 May 2021

Pippa Ecclestone  
Deputy Lead Governor  
Public Governor  
28 May 2021

<b>SUMMARY REPORT</b>	<b>COUNCIL OF GOVERNORS PART 1</b>					<b>28 May 2021</b>	
<b>Report Title:</b>		<b>NHS Providers Governor Advisory Committee (GAC)</b>					
<b>Report Lead(s)</b>		John Jones, Lead Governor					
<b>Report Author(s):</b>		John Jones, Lead Governor					
<b>Report discussed previously at:</b>							
<b>Level of Assurance:</b>		<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>	

<b>Purpose of the Report</b>		
To update the Council of Governors on the work of the NHS Providers' Governor Advisory Committee.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	✓

<b>Recommendations/Action Required</b>
The Council of Governors is asked to: 1. Note the contents of the report.

<b>Summary of Key Issues</b>
The Governor Advisory Committee (GAC) was held on the 11 February 2021 via Zoom attended by John Jones, Lead Governor.  A summary of discussion at the meeting is provided in the attached report.

<b>Relationship to Trust Strategic Objectives</b>	
SO1: Continuously improve service user experiences and outcomes through the delivery of high quality, safe, and innovative services	✓
SO2: To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts	
SO3: To be a valued system leader focused on integrated solutions that are shaped by the communities we serve	

<b>Relationship to Trust Corporate Objectives</b>	
CO1: To provide safe and high quality services during Covid19 Pandemic	
CO2: To support each system in the delivery of all phases of the Covid19 Reset and Recovery Plans	
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CO4: To embed Covid19 changes into business as usual and update all Trust strategies and frameworks to reflect Covid19 Reset and Recovery and new NHSE/I Planning Guidance	

**Which of the Trust Values are Being Delivered**

1: Open	✓
2: Compassionate	
3: Empowering	

**Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:**

<b>Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan &amp; Objectives</b>	
<b>Data quality issues</b>	
<b>Involvement of Service Users/Healthwatch</b>	
<b>Communication and consultation with stakeholders required</b>	
<b>Service impact/health improvement gains</b>	
<b>Financial implications:</b>	
Capital £ Revenue £ Non Recurrent £	
<b>Governance implications</b>	✓
<b>Impact on patient safety/quality</b>	
<b>Impact on equality and diversity</b>	
<b>Equality Impact Assessment (EIA) Completed?</b>	
<b>YES/NO</b>	
<b>If YES, EIA Score</b>	

**Impact on Statutory Duties and Responsibilities of Council of Governors**

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	✓

**Acronyms/Terms Used in the Report**

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**Supporting Documents and/or Further Reading**

Main Report
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**Lead**



**John Jones**  
**Lead Governor**

**NHS PROVIDERS GOVERNOR ADVISORY COMMITTEE**

**1 Purpose of Report**

The purpose of this report is to provide an update on the work of the NHS Providers Governor Advisory Committee (GAC).

**2 Summary**

**2.1 Background**

The NHS Providers Governor Advisory Committee (formerly known as the NHS Providers Governor Policy Board) was established in late 2015 following an election of FT Governors to sit on the Committee that took place initially in April 2015. Further elections were held in February 2018.

The GAC meets four times a year and is comprised of eight elected Governor members and two FT Chair members who sit on the NHS Providers Board. The Group is instrumental in guiding NHS Providers' Governor support programme and aims to represent the broad views of Councils of Governors.

John Jones, as the EPUT nominee in the elections, was invited to join the GAC in February 2019, as a vacancy arose, to represent the 'mental health constituency'.

**2.3 Report of meeting held on 11 February 2021 from John Jones**

The virtual meeting (via Zoom) of the Governor Advisory Committee (GAC) was held on 11 February 2021 and included:

1. The GAC Report for the last Quarter (Q3) with reports on a number of virtual training events.
2. A national policy update which highlighted the following:
  - The current political context is uncertain and includes a possible Cabinet reshuffle in the new year as the government's handling of COVID-19 is under extreme scrutiny
  - New legislation likely to put, inter alia, ICSs on a statutory footing, the likely date for this is currently April 2022
  - There are no plans in that legislation (or elsewhere) to change the role of Governors in FTs
  - It is recognised that there is a need for a join-up between local accountability and Trust and System Level working, and that this dichotomy does not appear to be addressed in the proposed legislation.
3. The Code of Conduct, which GAC members sign up to, does not have an appeals procedure and, at my suggestion, this has now been amended.

I can report that the election results for membership of the GAC were published at the end of March 2021 and that I was not successful in being re-elected to this Committee, representing the Mental Health Constituency for the country. I have indicated to NHS Providers that if they wish to continue to maintain contact, I will be happy to do so and to provide whatever expertise I can, both as a public governor and also as an outgoing mental health representative.

**3 Action Required**

The Council of Governors is asked to:

- 1 Note the contents of the report.

Report prepared by

A handwritten signature in black ink, appearing to read 'John Jones', with a long horizontal flourish extending to the right.

John Jones

May 2021